

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000167288

Claim Line #: 0001

Per Unit Cost: \$25.4400-

Claim Date: 12/26/2022

Claim Quantity: 1.00

Extended Claim Amount: \$25.44-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000167288	Date: 10/04/2022	
Matched Qty: 98.00	Total Qty: 98.00	Cost Each: \$25.44
Line #: 0004	Item: 030221047	Description: T BLUE WC10-795

Received

Receiver: 000552288		
PO: 141577892	PO Date: 10/03/2022	
Matched Qty: 97.00	Total Qty: 97.00	Cost Each: \$25.4400
Line #: 0006	Item: 030221047	Description: MS COM RANDALL T MS