

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000167288

Claim Line #: 0002

Per Unit Cost: \$63.3300-

Claim Date: 12/26/2022

Claim Quantity: 1.00

Extended Claim Amount: \$63.33-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000167288	Date: 10/04/2022	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$63.33
Line #: 0019	Item: 031079055	Description: K GREY WC10-622

Received

Receiver: 000000000		
PO: 141577892	PO Date: 10/03/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: