

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000168199

Claim Line #: 0001

Per Unit Cost: \$61.7200-

Claim Date: 01/16/2023

Claim Quantity: 18.00

Extended Claim Amount: \$1,110.96-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000168199	Date: 10/25/2022	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$61.72
Line #: 0028	Item: 030220702	Description: D/Q PURPLEWC10-785

Received

Receiver: 000000000		
PO: 141920471	PO Date: 10/24/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: