

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169447

Claim Line #: 0001

Per Unit Cost: \$53.7400-

Claim Date: 02/04/2023

Claim Quantity: 1.00

Extended Claim Amount: \$53.74-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169447	Date: 11/15/2022	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$53.74
Line #: 0007	Item: 030221035	Description: K BLUSH WC10-794

Received

Receiver: 000000000		
PO: 142264656	PO Date: 11/14/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: