

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169897

Claim Line #: 0002

Per Unit Cost: \$31.4000-

Claim Date: 02/16/2023

Claim Quantity: 10.00

Extended Claim Amount: \$314.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169897	Date: 11/22/2022	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$31.40
Line #: 0009	Item: 030224799	Description: K RED WC13-803

Received

Receiver: 000645620		
PO: 142379579	PO Date: 11/21/2022	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$31.4000
Line #: 0011	Item: 030224799	Description: CAN BUFF DUV COV K C