

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169897

Claim Line #: 0001

Per Unit Cost: \$33.2700-

Claim Date: 02/16/2023

Claim Quantity: 30.00

Extended Claim Amount: \$998.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169897	Date: 11/22/2022	
Matched Qty: 44.00	Total Qty: 44.00	Cost Each: \$33.27
Line #: 0006	Item: 030221123	Description: D/Q BLUE WC10-796

Received

Receiver: 000645620		
PO: 142379579	PO Date: 11/21/2022	
Matched Qty: 14.00	Total Qty: 14.00	Cost Each: \$33.2700
Line #: 0008	Item: 030221123	Description: MS COM RANDALL DQ MS