

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000171644

Claim Line #: 0001

Per Unit Cost: \$3.3500-

Claim Date: 03/12/2023

Claim Quantity: 8.00

Extended Claim Amount: \$26.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000171644	Date: 12/15/2022	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$3.35
Line #: 0021	Item: 031388565	Description: STD CHAMP WC21-533

Received

Receiver: 000000000		
PO: 142761331	PO Date: 12/14/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: