

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000172627

Claim Line #: 0001

Per Unit Cost: \$67.8800-

Claim Date: 04/08/2023

Claim Quantity: 2.00

Extended Claim Amount: \$135.76-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000172627	Date: 01/17/2023	
Matched Qty: 9.00	Total Qty: 9.00	Cost Each: \$67.88
Line #: 0009	Item: 030220745	Description: K PURPLEWC10-786

Received

Receiver: 000034137		
PO: 143248329	PO Date: 01/16/2023	
Matched Qty: 7.00	Total Qty: 7.00	Cost Each: \$67.8800
Line #: 0009	Item: 030220745	Description: HT 5PC BLOSSOM K HT