

Allowance

Claim Number: 000000000173975

Claim Line #: 0001

Per Unit Cost: \$0.0200-

Claim Date: 05/10/2023

Claim Quantity: 1.00

Extended Claim Amount: \$0.02-

Deduction: 0059 - DEFECTIVE MERCHANDISE ALLOWANCE

Invoice

Invoice: 000000000173975	Date: 03/06/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.02-
Line #: 0000	Item: 000000000	Description: Dfct Merchandise Alw

Received

Receiver: 000330275		
PO: 144023978	PO Date: 03/06/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$39,956.0800
Line #: 0000	Item: 000000000	Description: Dfct Merchandise Alw