

## Allowance

Claim Number: 000000000174371

Claim Line #: 0007

Per Unit Cost: \$0.4800-

Claim Date: 05/24/2023

Claim Quantity: 1.00

Extended Claim Amount: \$0.48-

Deduction: 0059 - DEFECTIVE MERCHANDISE ALLOWANCE

### Invoice

Invoice: 000000000174371	Date: 03/20/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.48-
Line #: 0000	Item: 000000000	Description: Dfct Merchandise Alw

### Received

Receiver: 000344134		
PO: 144259491	PO Date: 03/20/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$31,854.2400
Line #: 0000	Item: 000000000	Description: Dfct Merchandise Alw