

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174394

Claim Line #: 0001

Per Unit Cost: \$56.1900-

Claim Date: 06/18/2023

Claim Quantity: 3.00

Extended Claim Amount: \$168.57-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000174394	Date: 03/21/2023	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$56.19
Line #: 0026	Item: 030223656	Description: D/Q GREY WC10-804

Received

Receiver: 000000000		
PO: 144259493	PO Date: 03/20/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: