

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175331

Claim Line #: 0002

Per Unit Cost: \$37.3900-

Claim Date: 07/15/2023

Claim Quantity: 2.00

Extended Claim Amount: \$74.78-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175331	Date: 04/25/2023	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$37.39
Line #: 0025	Item: 030050733	Description: DOUBLEMULTI WC20-623

Received

Receiver: 000366240		
PO: 144829283	PO Date: 04/24/2023	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$37.3900
Line #: 0003	Item: 030050733	Description: CAN PRINT SS MOOSE D