

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000176080

Claim Line #: 0001

Per Unit Cost: \$53.7900-

Claim Date: 08/12/2023

Claim Quantity: 17.00

Extended Claim Amount: \$914.43-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000176080	Date: 05/23/2023	
Matched Qty: 17.00	Total Qty: 17.00	Cost Each: \$53.79
Line #: 0004	Item: 030376957	Description: KING GREY WC10-495

Received

Receiver: 000000000		
PO: 145294725	PO Date: 05/22/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: