

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175957

Claim Line #: 0002

Per Unit Cost: \$53.5100-

Claim Date: 08/13/2023

Claim Quantity: 10.00

Extended Claim Amount: \$535.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175957	Date: 05/18/2023	
Matched Qty: 17.00	Total Qty: 17.00	Cost Each: \$53.51
Line #: 0021	Item: 031079033	Description: D/Q GREY WC10-621

Received

Receiver: 000004163		
PO: 145231984	PO Date: 05/17/2023	
Matched Qty: 7.00	Total Qty: 7.00	Cost Each: \$53.5100
Line #: 0022	Item: 031079033	Description: CAN CH 3PCCOM GRY DQ