

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175957

Claim Line #: 0003

Per Unit Cost: \$64.8100-

Claim Date: 08/13/2023

Claim Quantity: 11.00

Extended Claim Amount: \$712.91-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175957	Date: 05/18/2023	
Matched Qty: 42.00	Total Qty: 42.00	Cost Each: \$64.81
Line #: 0010	Item: 030220702	Description: D/Q PURPLEWC10-785

Received

Receiver: 000004163		
PO: 145231984	PO Date: 05/17/2023	
Matched Qty: 31.00	Total Qty: 31.00	Cost Each: \$64.8100
Line #: 0007	Item: 030220702	Description: HT 5PC BLOSSOM DQ H