

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175928

Claim Line #: 0001

Per Unit Cost: \$53.7900-

Claim Date: 08/14/2023

Claim Quantity: 6.00

Extended Claim Amount: \$322.74-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175928	Date: 05/17/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$53.79
Line #: 0027	Item: 030376957	Description: KING GREY WC10-495

Received

Receiver: 000000000		
PO: 145231983	PO Date: 05/17/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: