

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000176228

Claim Line #: 0002

Per Unit Cost: \$27.3800-

Claim Date: 08/19/2023

Claim Quantity: 3.00

Extended Claim Amount: \$82.14-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000176228	Date: 05/29/2023	
Matched Qty: 33.00	Total Qty: 33.00	Cost Each: \$27.38
Line #: 0046	Item: 031079310	Description: TWIN WHITE WC10-640

Received

Receiver: 000734640		
PO: 145410397	PO Date: 05/29/2023	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$27.3800
Line #: 0049	Item: 031079310	Description: MS COMF KISSPL T COM