

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177427

Claim Line #: 0001

Per Unit Cost: \$71.2700-

Claim Date: 10/04/2023

Claim Quantity: 4.00

Extended Claim Amount: \$285.08-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|-------------------------------|
| Invoice: 000000000177427 | Date: 07/17/2023 | |
| Matched Qty: 4.00 | Total Qty: 4.00 | Cost Each: \$71.27 |
| Line #: 0004 | Item: 030220745 | Description: K PURPLEWC10-786 |

Received

| | | |
|---------------------|---------------------|---------------------|
| Receiver: 000000000 | | |
| PO: 146201753 | PO Date: 07/17/2023 | |
| Matched Qty: 0.00 | Total Qty: 0.00 | Cost Each: \$0.0000 |
| Line #: 0000 | Item: 000000000 | Description: |