

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177596

Claim Line #: 0002

Per Unit Cost: \$30.9800-

Claim Date: 10/11/2023

Claim Quantity: 12.00

Extended Claim Amount: \$371.76-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177596	Date: 07/25/2023	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$30.98
Line #: 0003	Item: 030220746	Description: D/Q GREY WC12-788

Received

Receiver: 000000000		
PO: 146318840	PO Date: 07/24/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: