

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177596

Claim Line #: 0001

Per Unit Cost: \$23.6500-

Claim Date: 10/11/2023

Claim Quantity: 2.00

Extended Claim Amount: \$47.30-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177596	Date: 07/25/2023	
Matched Qty: 66.00	Total Qty: 66.00	Cost Each: \$23.65
Line #: 0020	Item: 031079307	Description: D/Q MULTI WC14-741

Received

Receiver: 000814235		
PO: 146318840	PO Date: 07/24/2023	
Matched Qty: 64.00	Total Qty: 64.00	Cost Each: \$23.6450
Line #: 0021	Item: 031079307	Description: MS QUILT PLAID DQ QU