

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177576

Claim Line #: 0001

Per Unit Cost: \$63.3300-

Claim Date: 10/11/2023

Claim Quantity: 4.00

Extended Claim Amount: \$253.32-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177576	Date: 07/24/2023	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$63.33
Line #: 0013	Item: 031079055	Description: K GREY WC10-622

Received

Receiver: 000000000		
PO: 146318838	PO Date: 07/24/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: