

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177454

Claim Line #: 0001

Per Unit Cost: \$34.9300-

Claim Date: 10/11/2023

Claim Quantity: 7.00

Extended Claim Amount: \$244.51-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177454	Date: 07/18/2023	
Matched Qty: 7.00	Total Qty: 7.00	Cost Each: \$34.93
Line #: 0014	Item: 030221123	Description: D/Q BLUE WC10-796

Received

Receiver: 000817623		
PO: 146201756	PO Date: 07/17/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$34.9300
Line #: 0012	Item: 030221123	Description: MS COM RANDALL DQ MS