

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177474

Claim Line #: 0001

Per Unit Cost: \$63.3300-

Claim Date: 10/14/2023

Claim Quantity: 1.00

Extended Claim Amount: \$63.33-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177474	Date: 07/19/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$63.33
Line #: 0015	Item: 031079055	Description: K GREY WC10-622

Received

Receiver: 000035520		
PO: 146246344	PO Date: 07/19/2023	
Matched Qty: 5.00	Total Qty: 5.00	Cost Each: \$63.3300
Line #: 0018	Item: 031079055	Description: CAN CH 3PCCOM GRY K