

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177849

Claim Line #: 0003

Per Unit Cost: \$64.8100-

Claim Date: 10/25/2023

Claim Quantity: 25.00

Extended Claim Amount: \$1,620.25-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177849	Date: 08/08/2023	
Matched Qty: 25.00	Total Qty: 25.00	Cost Each: \$64.81
Line #: 0009	Item: 030220702	Description: D/Q PURPLEWC10-785

Received

Receiver: 000000000		
PO: 146534650	PO Date: 08/07/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: