

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000179756

Claim Line #: 0002

Per Unit Cost: \$34.9300-

Claim Date: 12/13/2023

Claim Quantity: 4.00

Extended Claim Amount: \$139.72-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000179756	Date: 09/26/2023	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$34.93
Line #: 0007	Item: 030221123	Description: D/Q BLUE WC10-796

Received

Receiver: 000859893		
PO: 147336498	PO Date: 09/25/2023	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$34.9300
Line #: 0010	Item: 030221123	Description: MS COM RANDALL DQ MS