

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000180464

Claim Line #: 0001

Per Unit Cost: \$25.7000-

Claim Date: 12/25/2023

Claim Quantity: 8.00

Extended Claim Amount: \$205.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000180464	Date: 10/02/2023	
Matched Qty: 172.00	Total Qty: 172.00	Cost Each: \$25.70
Line #: 0019	Item: 050226937	Description: DOUBLEMULTI WC20-102

Received

Receiver: 000908864		
PO: 147448840	PO Date: 10/02/2023	
Matched Qty: 164.00	Total Qty: 164.00	Cost Each: \$25.7000
Line #: 0023	Item: 050226937	Description: CAN PRINT SS PLAID D