

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000188125

Claim Line #: 0001

Per Unit Cost: \$45.5000-

Claim Date: 04/11/2024

Claim Quantity: 6.00

Extended Claim Amount: \$273.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000188125	Date: 01/23/2024	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$45.50
Line #: 0009	Item: 030375972	Description: DB/QN BLUE WC14-510

Received

Receiver: 000000000		
PO: 149329581	PO Date: 01/22/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: