

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000190110

Claim Line #: 0002

Per Unit Cost: \$56.4200-

Claim Date: 06/26/2024

Claim Quantity: 5.00

Extended Claim Amount: \$282.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000190110	Date: 04/08/2024	
Matched Qty: 5.00	Total Qty: 5.00	Cost Each: \$56.42
Line #: 0003	Item: 030221035	Description: K BLUSH WC10-794

Received

Receiver: 000000000		
PO: 150669137	PO Date: 04/08/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: