

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000164615

Claim Line #: 0001

Per Unit Cost: \$45.2700-

Claim Date: 10/31/2022

Claim Quantity: 3.00

Extended Claim Amount: \$135.81-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000164615	Date: 08/04/2022	
Matched Qty: 39.00	Total Qty: 39.00	Cost Each: \$45.27
Line #: 0019	Item: 031079056	Description: DOUBLEBLACK WC10-738

Received

Receiver: 000269183		
PO: 140586839	PO Date: 08/03/2022	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$45.2700
Line #: 0018	Item: 031079056	Description: MS BIAB BUFF BLK D B