

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000164867

Claim Line #: 0001

Per Unit Cost: \$58.0800-

Claim Date: 11/07/2022

Claim Quantity: 24.00

Extended Claim Amount: \$1,393.92-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000164867	Date: 08/11/2022	
Matched Qty: 54.00	Total Qty: 54.00	Cost Each: \$58.08
Line #: 0003	Item: 031079011	Description: KING GREY WC10-637

Received

Receiver: 000273362		
PO: 140699200	PO Date: 08/10/2022	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$58.0800
Line #: 0014	Item: 031079011	Description: MS BIAB PLD GRY K BI