

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000166936

Claim Line #: 0001

Per Unit Cost: \$41.5200-

Claim Date: 12/18/2022

Claim Quantity: 16.00

Extended Claim Amount: \$664.32-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000166936	Date: 09/27/2022	
Matched Qty: 46.00	Total Qty: 46.00	Cost Each: \$41.52
Line #: 0026	Item: 030376603	Description: DOUBLEGREY WC10-493

Received

Receiver: 000546520		
PO: 141463899	PO Date: 09/26/2022	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$41.5200
Line #: 0015	Item: 030376603	Description: MS BIAB GKEY D BLK B