

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169894

Claim Line #: 0001

Per Unit Cost: \$58.0800-

Claim Date: 02/11/2023

Claim Quantity: 1.00

Extended Claim Amount: \$58.08-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169894	Date: 11/22/2022	
Matched Qty: 34.00	Total Qty: 34.00	Cost Each: \$58.08
Line #: 0016	Item: 031079011	Description: KING GREY WC10-637

Received

Receiver: 000649510		
PO: 142379576	PO Date: 11/21/2022	
Matched Qty: 33.00	Total Qty: 33.00	Cost Each: \$58.0800
Line #: 0023	Item: 031079011	Description: MS BIAB PLD GRY K BI