

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000171840

Claim Line #: 0001

Per Unit Cost: \$51.8000-

Claim Date: 03/13/2023

Claim Quantity: 7.00

Extended Claim Amount: \$362.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|----------------------------------|
| Invoice: 000000000171840 | Date: 12/20/2022 | |
| Matched Qty: 67.00 | Total Qty: 67.00 | Cost Each: \$51.80 |
| Line #: 0028 | Item: 031079006 | Description: QUEEN GREY WC10-636 |

Received

| | | |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000658625 | | |
| PO: 142832180 | PO Date: 12/19/2022 | |
| Matched Qty: 60.00 | Total Qty: 60.00 | Cost Each: \$51.8000 |
| Line #: 0013 | Item: 031079006 | Description: MS BIAB PLD GRY Q BI |