

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000171982

Claim Line #: 0001

Per Unit Cost: \$51.8000-

Claim Date: 03/19/2023

Claim Quantity: 1.00

Extended Claim Amount: \$51.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000171982	Date: 12/27/2022	
Matched Qty: 19.00	Total Qty: 19.00	Cost Each: \$51.80
Line #: 0009	Item: 031079006	Description: QUEEN GREY WC10-636

Received

Receiver: 000164902		
PO: 142936262	PO Date: 12/26/2022	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$51.8000
Line #: 0036	Item: 031079006	Description: MS BIAB PLD GRY Q BI