

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000174590

Claim Line #: 0005

Per Unit Cost: \$60.9800-

Claim Date: 06/15/2023

Claim Quantity: 1.00

Extended Claim Amount: \$60.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000174590	Date: 03/28/2023	
Matched Qty: 5.00	Total Qty: 5.00	Cost Each: \$60.98
Line #: 0035	Item: 031079011	Description: KING GREY WC10-637

**Received**

Receiver: 000721257		
PO: 144384529	PO Date: 03/27/2023	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$60.9800
Line #: 0035	Item: 031079011	Description: MS BIAB PLD GRY K BI