

LINE LEVEL SUBSTITUTION CLAIM

Claim Number: 000000000174590

Claim Line #: 0001

Per Unit Cost: \$2.0300-

Claim Date: 06/15/2023

Claim Quantity: 4.00

Extended Claim Amount: \$8.12-

Deduction: 0013 - SUBSTITUTION OVER CHARGE

Invoice

| | | |
|--------------------------|------------------|--------------------------------|
| Invoice: 000000000174590 | Date: 03/28/2023 | |
| Matched Qty: 4.00 | Total Qty: 10.00 | Cost Each: \$53.51 |
| Line #: 0039 | Item: 031079033 | Description: D/Q GREY WC10-621 |

Received

| | | |
|---------------------|---------------------|----------------------------------|
| Receiver: 000721257 | | |
| PO: 144384529 | PO Date: 03/27/2023 | |
| Matched Qty: 4.00 | Total Qty: 16.00 | Cost Each: \$51.4800 |
| Line #: 0037 | Item: 031079025 | Description: CAN BUFF 3PC COM DQ |

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174590

Claim Line #: 0002

Per Unit Cost: \$3.3500-

Claim Date: 06/15/2023

Claim Quantity: 4.00

Extended Claim Amount: \$13.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|---------------------------------|
| Invoice: 000000000174590 | Date: 03/28/2023 | |
| Matched Qty: 48.00 | Total Qty: 48.00 | Cost Each: \$3.35 |
| Line #: 0049 | Item: 031388563 | Description: STD BLACK WC21-532 |

Received

| | | |
|---------------------|---------------------|----------------------------------|
| Receiver: 000721257 | | |
| PO: 144384529 | PO Date: 03/27/2023 | |
| Matched Qty: 44.00 | Total Qty: 44.00 | Cost Each: \$3.3500 |
| Line #: 0050 | Item: 031388563 | Description: CS 2PC SATIN PC BLK |

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174590

Claim Line #: 0003

Per Unit Cost: \$47.5300-

Claim Date: 06/15/2023

Claim Quantity: 2.00

Extended Claim Amount: \$95.06-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|-----------------------------------|
| Invoice: 000000000174590 | Date: 03/28/2023 | |
| Matched Qty: 3.00 | Total Qty: 3.00 | Cost Each: \$47.53 |
| Line #: 0042 | Item: 031079056 | Description: DOUBLEBLACK WC10-738 |

Received

| | | |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000721257 | | |
| PO: 144384529 | PO Date: 03/27/2023 | |
| Matched Qty: 1.00 | Total Qty: 1.00 | Cost Each: \$47.5300 |
| Line #: 0041 | Item: 031079056 | Description: MS BIAB BUFF BLK D B |

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174590

Claim Line #: 0004

Per Unit Cost: \$84.0300-

Claim Date: 06/15/2023

Claim Quantity: 1.00

Extended Claim Amount: \$84.03-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|---------------------------------|
| Invoice: 000000000174590 | Date: 03/28/2023 | |
| Matched Qty: 6.00 | Total Qty: 6.00 | Cost Each: \$84.03 |
| Line #: 0012 | Item: 031730062 | Description: D/Q CREAM WC10-831 |

Received

| | | |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000721257 | | |
| PO: 144384529 | PO Date: 03/27/2023 | |
| Matched Qty: 5.00 | Total Qty: 5.00 | Cost Each: \$84.0300 |
| Line #: 0054 | Item: 031730062 | Description: HT 5PC TAVI COM DQ H |

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 |

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174590

Claim Line #: 0006

Per Unit Cost: \$52.7900-

Claim Date: 06/15/2023

Claim Quantity: 28.00

Extended Claim Amount: \$1,478.12-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|-----------------------------------|
| Invoice: 000000000174590 | Date: 03/28/2023 | |
| Matched Qty: 57.00 | Total Qty: 57.00 | Cost Each: \$52.79 |
| Line #: 0030 | Item: 031079261 | Description: QUEEN BLACK WC10-739 |

Received

| | | |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000721257 | | |
| PO: 144384529 | PO Date: 03/27/2023 | |
| Matched Qty: 29.00 | Total Qty: 29.00 | Cost Each: \$52.7900 |
| Line #: 0042 | Item: 031079261 | Description: MS BIAB BUFF BLK Q B |