

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174589

Claim Line #: 0001

Per Unit Cost: \$46.8100-

Claim Date: 06/17/2023

Claim Quantity: 1.00

Extended Claim Amount: \$46.81-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000174589	Date: 03/28/2023	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$46.81
Line #: 0011	Item: 030376915	Description: QUEEN GREY WC10-494

Received

Receiver: 000347818		
PO: 144384528	PO Date: 03/27/2023	
Matched Qty: 59.00	Total Qty: 59.00	Cost Each: \$46.8100
Line #: 0013	Item: 030376915	Description: MS BIAB GKEY Q BLK B