

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175715

Claim Line #: 0002

Per Unit Cost: \$46.8100-

Claim Date: 07/26/2023

Claim Quantity: 20.00

Extended Claim Amount: \$936.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175715	Date: 05/08/2023	
Matched Qty: 50.00	Total Qty: 50.00	Cost Each: \$46.81
Line #: 0026	Item: 030376915	Description: QUEEN GREY WC10-494

Received

Receiver: 000666417		
PO: 145064078	PO Date: 05/08/2023	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$46.8100
Line #: 0018	Item: 030376915	Description: MS BIAB GKEY Q BLK B