

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000175331

Claim Line #: 0001

Per Unit Cost: \$37.6300-

Claim Date: 07/15/2023

Claim Quantity: 1.00

Extended Claim Amount: \$37.63-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000175331	Date: 04/25/2023	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$37.63
Line #: 0040	Item: 031079278	Description: DOUBLEGREY WC10-737

**Received**

Receiver: 000366240		
PO: 144829283	PO Date: 04/24/2023	
Matched Qty: 11.00	Total Qty: 11.00	Cost Each: \$37.6300
Line #: 0049	Item: 031079278	Description: MS COM KISSPL GRY DQ