

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175957

Claim Line #: 0001

Per Unit Cost: \$52.7900-

Claim Date: 08/13/2023

Claim Quantity: 1.00

Extended Claim Amount: \$52.79-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175957	Date: 05/18/2023	
Matched Qty: 125.00	Total Qty: 125.00	Cost Each: \$52.79
Line #: 0019	Item: 031079261	Description: QUEEN BLACK WC10-739

Received

Receiver: 000004163		
PO: 145231984	PO Date: 05/17/2023	
Matched Qty: 124.00	Total Qty: 124.00	Cost Each: \$52.7900
Line #: 0024	Item: 031079261	Description: MS BIAB BUFF BLK Q B