

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000176228

Claim Line #: 0001

Per Unit Cost: \$54.3800-

Claim Date: 08/19/2023

Claim Quantity: 1.00

Extended Claim Amount: \$54.38-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000176228	Date: 05/29/2023	
Matched Qty: 50.00	Total Qty: 50.00	Cost Each: \$54.38
Line #: 0033	Item: 031079006	Description: QUEEN GREY WC10-636

Received

Receiver: 000734640		
PO: 145410397	PO Date: 05/29/2023	
Matched Qty: 49.00	Total Qty: 49.00	Cost Each: \$54.3800
Line #: 0036	Item: 031079006	Description: MS BIAB PLD GRY Q BI