

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000176343

Claim Line #: 0001

Per Unit Cost: \$27.3800-

Claim Date: 08/23/2023

Claim Quantity: 1.00

Extended Claim Amount: \$27.38-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000176343	Date: 06/05/2023	
Matched Qty: 5.00	Total Qty: 5.00	Cost Each: \$27.38
Line #: 0016	Item: 031079276	Description: TWIN GREY WC10-736

Received

Receiver: 000824865		
PO: 145521116	PO Date: 06/05/2023	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$27.3800
Line #: 0023	Item: 031079276	Description: MS COMF KISSPL GRY T