

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000177124

Claim Line #: 0002

Per Unit Cost: \$37.3900-

Claim Date: 09/24/2023

Claim Quantity: 2.00

Extended Claim Amount: \$74.78-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000177124	Date: 07/04/2023	
Matched Qty: 24.00	Total Qty: 24.00	Cost Each: \$37.39
Line #: 0010	Item: 030050736	Description: DOUBLEGREY WC20-625

**Received**

Receiver: 000849137		
PO: 145978977	PO Date: 07/03/2023	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$37.3900
Line #: 0003	Item: 030050736	Description: CAN PRINT SS GRYST D