

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177124

Claim Line #: 0003

Per Unit Cost: \$60.9800-

Claim Date: 09/24/2023

Claim Quantity: 1.00

Extended Claim Amount: \$60.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177124	Date: 07/04/2023	
Matched Qty: 19.00	Total Qty: 19.00	Cost Each: \$60.98
Line #: 0027	Item: 031079011	Description: KING GREY WC10-637

Received

Receiver: 000849137		
PO: 145978977	PO Date: 07/03/2023	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$60.9800
Line #: 0024	Item: 031079011	Description: MS BIAB PLD GRY K BI