

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177179

Claim Line #: 0001

Per Unit Cost: \$46.8100-

Claim Date: 10/03/2023

Claim Quantity: 29.00

Extended Claim Amount: \$1,357.49-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177179	Date: 07/06/2023	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$46.81
Line #: 0007	Item: 030376915	Description: QUEEN GREY WC10-494

Received

Receiver: 000027006		
PO: 146023471	PO Date: 07/05/2023	
Matched Qty: 31.00	Total Qty: 31.00	Cost Each: \$46.8100
Line #: 0011	Item: 030376915	Description: MS BIAB GKEY Q BLK B