

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177611

Claim Line #: 0001

Per Unit Cost: \$60.9800-

Claim Date: 10/22/2023

Claim Quantity: 11.00

Extended Claim Amount: \$670.78-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000177611	Date: 07/26/2023	
Matched Qty: 11.00	Total Qty: 11.00	Cost Each: \$60.98
Line #: 0012	Item: 031079011	Description: KING GREY WC10-637

### Received

Receiver: 000000000		
PO: 146362184	PO Date: 07/26/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: