

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177849

Claim Line #: 0001

Per Unit Cost: \$37.6300-

Claim Date: 10/25/2023

Claim Quantity: 3.00

Extended Claim Amount: \$112.89-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177849	Date: 08/08/2023	
Matched Qty: 47.00	Total Qty: 47.00	Cost Each: \$37.63
Line #: 0028	Item: 031079278	Description: DOUBLEGREY WC10-737

Received

Receiver: 000824292		
PO: 146534650	PO Date: 08/07/2023	
Matched Qty: 44.00	Total Qty: 44.00	Cost Each: \$37.6300
Line #: 0024	Item: 031079278	Description: MS COM KISSPL GRY DQ