

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000179074

Claim Line #: 0001

Per Unit Cost: \$43.6000-

Claim Date: 12/03/2023

Claim Quantity: 3.00

Extended Claim Amount: \$130.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000179074	Date: 09/11/2023	
Matched Qty: 33.00	Total Qty: 33.00	Cost Each: \$43.60
Line #: 0024	Item: 030376958	Description: DOUBLERED WC10-489

Received

Receiver: 000893632		
PO: 147104880	PO Date: 09/11/2023	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$43.6000
Line #: 0026	Item: 030376958	Description: MS BIAB GKEY D RED B