

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000179757

Claim Line #: 0001

Per Unit Cost: \$43.6000-

Claim Date: 12/13/2023

Claim Quantity: 5.00

Extended Claim Amount: \$218.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000179757	Date: 09/26/2023	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$43.60
Line #: 0006	Item: 030376958	Description: DOUBLERED WC10-489

Received

Receiver: 000859892		
PO: 147336499	PO Date: 09/25/2023	
Matched Qty: 15.00	Total Qty: 15.00	Cost Each: \$43.6000
Line #: 0010	Item: 030376958	Description: MS BIAB GKEY D RED B