

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000179511

Claim Line #: 0001

Per Unit Cost: \$53.7900-

Claim Date: 12/16/2023

Claim Quantity: 1.00

Extended Claim Amount: \$53.79-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000179511	Date: 09/21/2023	
Matched Qty: 28.00	Total Qty: 28.00	Cost Each: \$53.79
Line #: 0010	Item: 030376957	Description: KING GREY WC10-495

Received

Receiver: 000082749		
PO: 147264527	PO Date: 09/20/2023	
Matched Qty: 27.00	Total Qty: 27.00	Cost Each: \$53.7900
Line #: 0015	Item: 030376957	Description: MS BIAB GKEY K BLK B