

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000181698

Claim Line #: 0001

Per Unit Cost: \$60.9800-

Claim Date: 01/09/2024

Claim Quantity: 1.00

Extended Claim Amount: \$60.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000181698	Date: 10/24/2023	
Matched Qty: 44.00	Total Qty: 44.00	Cost Each: \$60.98
Line #: 0012	Item: 031079011	Description: KING GREY WC10-637

Received

Receiver: 000921805		
PO: 147787950	PO Date: 10/23/2023	
Matched Qty: 43.00	Total Qty: 43.00	Cost Each: \$60.9800
Line #: 0016	Item: 031079011	Description: MS BIAB PLD GRY K BI