

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000184037

Claim Line #: 0001

Per Unit Cost: \$44.0100-

Claim Date: 02/05/2024

Claim Quantity: 10.00

Extended Claim Amount: \$440.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000184037	Date: 11/14/2023	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$44.01
Line #: 0006	Item: 030220749	Description: D BLUSH WC10-792

Received

Receiver: 000935170		
PO: 148157198	PO Date: 11/13/2023	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$44.0100
Line #: 0003	Item: 030220749	Description: MS BIAB PRINCTN D MS