

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000184645

Claim Line #: 0002

Per Unit Cost: \$36.4500-

Claim Date: 02/11/2024

Claim Quantity: 6.00

Extended Claim Amount: \$218.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000184645	Date: 11/20/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$36.45
Line #: 0013	Item: 050226931	Description: QUEEN GREY WC20-102

Received

Receiver: 000000000		
PO: 148278888	PO Date: 11/20/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: