

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000185158

Claim Line #: 0003

Per Unit Cost: \$48.9800-

Claim Date: 02/15/2024

Claim Quantity: 1.00

Extended Claim Amount: \$48.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000185158	Date: 11/27/2023	
Matched Qty: 81.00	Total Qty: 81.00	Cost Each: \$48.98
Line #: 0010	Item: 031079003	Description: DOUBLEGREY WC10-635

Received

Receiver: 000922762		
PO: 148402835	PO Date: 11/27/2023	
Matched Qty: 80.00	Total Qty: 80.00	Cost Each: \$48.9800
Line #: 0011	Item: 031079003	Description: MS BIAB PLD GRY D BI