

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000185159

Claim Line #: 0001

Per Unit Cost: \$47.5300-

Claim Date: 02/17/2024

Claim Quantity: 1.00

Extended Claim Amount: \$47.53-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000185159	Date: 11/27/2023	
Matched Qty: 109.00	Total Qty: 109.00	Cost Each: \$47.53
Line #: 0023	Item: 031079056	Description: DOUBLEBLACK WC10-738

Received

Receiver: 000942520		
PO: 148402832	PO Date: 11/27/2023	
Matched Qty: 108.00	Total Qty: 108.00	Cost Each: \$47.5300
Line #: 0015	Item: 031079056	Description: MS BIAB BUFF BLK D B