

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000185738

Claim Line #: 0001

Per Unit Cost: \$60.9800-

Claim Date: 02/22/2024

Claim Quantity: 1.00

Extended Claim Amount: \$60.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000185738	Date: 12/05/2023	
Matched Qty: 11.00	Total Qty: 11.00	Cost Each: \$60.98
Line #: 0004	Item: 031079011	Description: KING GREY WC10-637

Received

Receiver: 000926476		
PO: 148522576	PO Date: 12/04/2023	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$60.9800
Line #: 0016	Item: 031079011	Description: MS BIAB PLD GRY K BI