

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000185715

Claim Line #: 0002

Per Unit Cost: \$27.3800-

Claim Date: 02/24/2024

Claim Quantity: 11.00

Extended Claim Amount: \$301.18-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000185715	Date: 12/04/2023	
Matched Qty: 13.00	Total Qty: 13.00	Cost Each: \$27.38
Line #: 0030	Item: 031079276	Description: TWIN GREY WC10-736

Received

Receiver: 000946279		
PO: 148522574	PO Date: 12/04/2023	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$27.3800
Line #: 0018	Item: 031079276	Description: MS COMF KISSPL GRY T