

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000186406

Claim Line #: 0001

Per Unit Cost: \$60.9800-

Claim Date: 02/27/2024

Claim Quantity: 2.00

Extended Claim Amount: \$121.96-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000186406	Date: 12/12/2023	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$60.98
Line #: 0029	Item: 031079011	Description: KING GREY WC10-637

Received

Receiver: 000949936		
PO: 148647144	PO Date: 12/11/2023	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$60.9800
Line #: 0016	Item: 031079011	Description: MS BIAB PLD GRY K BI