

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000186988

Claim Line #: 0001

Per Unit Cost: \$36.1200-

Claim Date: 03/17/2024

Claim Quantity: 6.00

Extended Claim Amount: \$216.72-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000186988	Date: 12/27/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$36.12
Line #: 0036	Item: 030220747	Description: K GREY WC12-789

### Received

Receiver: 000000000		
PO: 148885494	PO Date: 12/25/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: