

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189045

Claim Line #: 0003

Per Unit Cost: \$28.2500-

Claim Date: 05/18/2024

Claim Quantity: 2.00

Extended Claim Amount: \$56.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000189045	Date: 02/27/2024	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$28.25
Line #: 0008	Item: 030224788	Description: D/Q RED WC13-802

Received

Receiver: 000993880		
PO: 149929960	PO Date: 02/26/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$28.2450
Line #: 0006	Item: 030224788	Description: CAN BUFF DUV COV DQ