

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189045

Claim Line #: 0001

Per Unit Cost: \$83.2700-

Claim Date: 05/18/2024

Claim Quantity: 2.00

Extended Claim Amount: \$166.54-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000189045	Date: 02/27/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$83.27
Line #: 0048	Item: 050352234	Description: KING GREY WC10-941

Received

Receiver: 000000000		
PO: 149929960	PO Date: 02/26/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: