

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000190110

Claim Line #: 0001

Per Unit Cost: \$37.6300-

Claim Date: 06/26/2024

Claim Quantity: 3.00

Extended Claim Amount: \$112.89-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000190110	Date: 04/08/2024	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$37.63
Line #: 0032	Item: 031079278	Description: DOUBLEGREY WC10-737

Received

Receiver: 000000000		
PO: 150669137	PO Date: 04/08/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: