

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000190510

Claim Line #: 0001

Per Unit Cost: \$67.9000-

Claim Date: 07/18/2024

Claim Quantity: 1.00

Extended Claim Amount: \$67.90-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000190510	Date: 04/29/2024	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$67.90
Line #: 0028	Item: 050352232	Description: KING GREY WC10-939

Received

Receiver: 000000000		
PO: 151038353	PO Date: 04/29/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: