

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000190956

Claim Line #: 0001

Per Unit Cost: \$29.3300-

Claim Date: 08/18/2024

Claim Quantity: 10.00

Extended Claim Amount: \$293.30-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000190956	Date: 05/28/2024	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$29.33
Line #: 0010	Item: 031079308	Description: KING MULTI WC14-742

Received

Receiver: 000000000		
PO: 151517812	PO Date: 05/27/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: