

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000191103

Claim Line #: 0001

Per Unit Cost: \$67.9000-

Claim Date: 08/26/2024

Claim Quantity: 7.00

Extended Claim Amount: \$475.30-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000191103	Date: 06/04/2024	
Matched Qty: 7.00	Total Qty: 7.00	Cost Each: \$67.90
Line #: 0017	Item: 050352232	Description: KING GREY WC10-939

Received

Receiver: 000056731		
PO: 151638509	PO Date: 06/03/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$67.9000
Line #: 0027	Item: 050352232	Description: MP COMF WINDHAM K MP