

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192373

Claim Line #: 0001

Per Unit Cost: \$44.1000-

Claim Date: 11/09/2024

Claim Quantity: 1.00

Extended Claim Amount: \$44.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000192373	Date: 08/19/2024	
Matched Qty: 72.00	Total Qty: 72.00	Cost Each: \$44.10
Line #: 0009	Item: 031079056	Description: DOUBLEBLACK WC10-738

### Received

Receiver: 000099820		
PO: 152945304	PO Date: 08/19/2024	
Matched Qty: 71.00	Total Qty: 71.00	Cost Each: \$44.1000
Line #: 0012	Item: 031079056	Description: MS BIAB BUFF BLK D B