

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192501

Claim Line #: 0002

Per Unit Cost: \$38.7500-

Claim Date: 11/17/2024

Claim Quantity: 2.00

Extended Claim Amount: \$77.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192501	Date: 08/26/2024	
Matched Qty: 38.00	Total Qty: 38.00	Cost Each: \$38.75
Line #: 0063	Item: 050352247	Description: DQ GREY WC20-950

Received

Receiver: 000070594		
PO: 153070464	PO Date: 08/26/2024	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$38.7500
Line #: 0063	Item: 050352247	Description: MP SS GREY Q MP SS G