

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192921

Claim Line #: 0001

Per Unit Cost: \$24.3400-

Claim Date: 12/04/2024

Claim Quantity: 1.00

Extended Claim Amount: \$24.34-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192921	Date: 09/17/2024	
Matched Qty: 28.00	Total Qty: 28.00	Cost Each: \$24.34
Line #: 0029	Item: 031079310	Description: TWIN WHITE WC10-640

Received

Receiver: 000083916		
PO: 153422848	PO Date: 09/16/2024	
Matched Qty: 27.00	Total Qty: 27.00	Cost Each: \$24.3400
Line #: 0030	Item: 031079310	Description: MS COMF KISSPL T COM