

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192945

Claim Line #: 0005

Per Unit Cost: \$46.3000-

Claim Date: 12/14/2024

Claim Quantity: 1.00

Extended Claim Amount: \$46.30-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192945	Date: 09/18/2024	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$46.30
Line #: 0002	Item: 031079025	Description: D/Q MULTI WC10-619

Received

Receiver: 000341794		
PO: 153473612	PO Date: 09/18/2024	
Matched Qty: 29.00	Total Qty: 29.00	Cost Each: \$46.3000
Line #: 0020	Item: 031079025	Description: CAN BUFF 3PC COM DQ