

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193032

Claim Line #: 0002

Per Unit Cost: \$27.5000-

Claim Date: 12/14/2024

Claim Quantity: 2.00

Extended Claim Amount: \$55.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000193032	Date: 09/23/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$27.50
Line #: 0016	Item: 050352238	Description: KING GREY WC12-961

Received

Receiver: 000000000		
PO: 153548829	PO Date: 09/23/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: