

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193383

Claim Line #: 0001

Per Unit Cost: \$45.5000-

Claim Date: 12/30/2024

Claim Quantity: 2.00

Extended Claim Amount: \$91.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000193383	Date: 10/07/2024	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$45.50
Line #: 0020	Item: 031079003	Description: DOUBLEGREY WC10-635

Received

Receiver: 000099380		
PO: 153798675	PO Date: 10/07/2024	
Matched Qty: 34.00	Total Qty: 34.00	Cost Each: \$45.5000
Line #: 0020	Item: 031079003	Description: MS BIAB PLD GRY D BI