

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193733

Claim Line #: 0001

Per Unit Cost: \$45.5000-

Claim Date: 01/08/2025

Claim Quantity: 1.00

Extended Claim Amount: \$45.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

|                          |                  |                                  |
|--------------------------|------------------|----------------------------------|
| Invoice: 000000000193733 | Date: 10/21/2024 |                                  |
| Matched Qty: 18.00       | Total Qty: 18.00 | Cost Each: \$45.50               |
| Line #: 0013             | Item: 031079003  | Description: DOUBLEGREY WC10-635 |

### Received

|                     |                     |                                   |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000143830 |                     |                                   |
| PO: 154023278       | PO Date: 10/21/2024 |                                   |
| Matched Qty: 17.00  | Total Qty: 17.00    | Cost Each: \$45.5000              |
| Line #: 0011        | Item: 031079003     | Description: MS BIAB PLD GRY D BI |