

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000194093

Claim Line #: 0001

Per Unit Cost: \$38.7500-

Claim Date: 02/02/2025

Claim Quantity: 2.00

Extended Claim Amount: \$77.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000194093	Date: 11/06/2024	
Matched Qty: 16.00	Total Qty: 16.00	Cost Each: \$38.75
Line #: 0015	Item: 050475461	Description: DQ BLUE WC20-111

Received

Receiver: 000383184		
PO: 154305652	PO Date: 11/06/2024	
Matched Qty: 14.00	Total Qty: 14.00	Cost Each: \$38.7500
Line #: 0031	Item: 050475461	Description: MP SS BLUE Q MP SS B