

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000197362

Claim Line #: 0004

Per Unit Cost: \$45.5000-

Claim Date: 04/27/2025

Claim Quantity: 1.00

Extended Claim Amount: \$45.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000197362	Date: 02/04/2025	
Matched Qty: 63.00	Total Qty: 63.00	Cost Each: \$45.50
Line #: 0020	Item: 031079003	Description: DOUBLEGREY WC10-635

Received

Receiver: 000165361		
PO: 155782802	PO Date: 02/03/2025	
Matched Qty: 62.00	Total Qty: 62.00	Cost Each: \$45.5000
Line #: 0021	Item: 031079003	Description: MS BIAB PLD GRY D BI