

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000198325

Claim Line #: 0001

Per Unit Cost: \$40.7000-

Claim Date: 07/01/2025

Claim Quantity: 1.00

Extended Claim Amount: \$40.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000198325	Date: 04/14/2025	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$40.70
Line #: 0034	Item: 030376603	Description: DOUBLEGREY WC10-493

Received

Receiver: 000247414		
PO: 156997828	PO Date: 04/14/2025	
Matched Qty: 21.00	Total Qty: 21.00	Cost Each: \$40.7000
Line #: 0003	Item: 030376603	Description: MS BIAB GKEY D BLK B