

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000054770

Claim Line #: 0004

Per Unit Cost: \$33.7000-

Claim Date: 11/03/2019

Claim Quantity: 1.00

Extended Claim Amount: \$33.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 00000000054770	Date: 08/15/2019	
Matched Qty: 41.00	Total Qty: 41.00	Cost Each: \$33.70
Line #: 0000	Item: 030376603	Description: DOUBLEGREY WC10-493

Received

Receiver: 000291079		
PO: 124005664	PO Date: 08/12/2019	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$33.7000
Line #: 0011	Item: 030376603	Description: MS BIAB GKEY D BLK B