

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000057733

Claim Line #: 0003

Per Unit Cost: \$41.5800-

Claim Date: 12/17/2019

Claim Quantity: 2.00

Extended Claim Amount: \$83.16-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 00000000057733	Date: 10/03/2019	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$41.58
Line #: 0000	Item: 030376960	Description: KING RED WC10-491

Received

Receiver: 000718061		
PO: 124760716	PO Date: 09/30/2019	
Matched Qty: 38.00	Total Qty: 38.00	Cost Each: \$41.5800
Line #: 0016	Item: 030376960	Description: MS BIAB GKEY K RED B