

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000076262

Claim Line #: 0003

Per Unit Cost: \$33.7000-

Claim Date: 04/26/2020

Claim Quantity: 3.00

Extended Claim Amount: \$101.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000076262	Date: 02/06/2020	
Matched Qty: 42.00	Total Qty: 42.00	Cost Each: \$33.70
Line #: 0000	Item: 030376603	Description: DOUBLEGREY WC10-493

Received

Receiver: 000379648		
PO: 126595490	PO Date: 02/03/2020	
Matched Qty: 39.00	Total Qty: 39.00	Cost Each: \$33.7000
Line #: 0010	Item: 030376603	Description: MS BIAB GKEY D BLK B