

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000081524
Claim Date: 07/27/2020
Deduction: 0022 - MDSE BILLED NOT SHIPPED

Claim Line #: 0001
Claim Quantity: 4.00

Per Unit Cost: \$33.7000-
Extended Claim Amount: \$134.80-

Invoice

Invoice: 000000000081524	Date: 05/05/2020	
Matched Qty: 46.00	Total Qty: 46.00	Cost Each: \$33.70
Line #: 0000	Item: 030376603	Description: DOUBLEGREY WC10-493

Received

Receiver: 000424909		
PO: 127839792	PO Date: 05/04/2020	
Matched Qty: 42.00	Total Qty: 42.00	Cost Each: \$33.7000
Line #: 0005	Item: 030376603	Description: MS BIAB GKEY D BLK B