

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000165015

Claim Line #: 0001

Per Unit Cost: \$44.5800-

Claim Date: 11/08/2022

Claim Quantity: 1.00

Extended Claim Amount: \$44.58-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000165015	Date: 08/16/2022	
Matched Qty: 185.00	Total Qty: 185.00	Cost Each: \$44.58
Line #: 0012	Item: 030376959	Description: QUEEN RED WC10-490

Received

Receiver: 000210785		
PO: 140768383	PO Date: 08/15/2022	
Matched Qty: 184.00	Total Qty: 184.00	Cost Each: \$44.5800
Line #: 0014	Item: 030376959	Description: MS BIAB GKEY Q RED B