

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000165013

Claim Line #: 0003

Per Unit Cost: \$44.5800-

Claim Date: 11/14/2022

Claim Quantity: 19.00

Extended Claim Amount: \$847.02-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000165013	Date: 08/16/2022	
Matched Qty: 199.00	Total Qty: 199.00	Cost Each: \$44.58
Line #: 0008	Item: 030376959	Description: QUEEN RED WC10-490

**Received**

Receiver: 000592027		
PO: 140768380	PO Date: 08/15/2022	
Matched Qty: 180.00	Total Qty: 180.00	Cost Each: \$44.5800
Line #: 0009	Item: 030376959	Description: MS BIAB GKEY Q RED B