

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000165644

Claim Line #: 0002

Per Unit Cost: \$44.5800-

Claim Date: 11/28/2022

Claim Quantity: 33.00

Extended Claim Amount: \$1,471.14-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000165644	Date: 09/01/2022	
Matched Qty: 93.00	Total Qty: 93.00	Cost Each: \$44.58
Line #: 0004	Item: 030376915	Description: QUEEN GREY WC10-494

**Received**

Receiver: 000285870		
PO: 141055035	PO Date: 08/31/2022	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$44.5800
Line #: 0014	Item: 030376915	Description: MS BIAB GKEY Q BLK B