

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000166195

Claim Line #: 0001

Per Unit Cost: \$51.8000-

Claim Date: 12/05/2022

Claim Quantity: 1.00

Extended Claim Amount: \$51.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000166195	Date: 09/13/2022	
Matched Qty: 111.00	Total Qty: 111.00	Cost Each: \$51.80
Line #: 0011	Item: 031079006	Description: QUEEN GREY WC10-636

**Received**

Receiver: 000512576		
PO: 141226587	PO Date: 09/12/2022	
Matched Qty: 110.00	Total Qty: 110.00	Cost Each: \$51.8000
Line #: 0012	Item: 031079006	Description: MS BIAB PLD GRY Q BI