

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000168199

Claim Line #: 0004

Per Unit Cost: \$41.5200-

Claim Date: 01/16/2023

Claim Quantity: 2.00

Extended Claim Amount: \$83.04-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000168199	Date: 10/25/2022	
Matched Qty: 42.00	Total Qty: 42.00	Cost Each: \$41.52
Line #: 0010	Item: 030376958	Description: DOUBLERED WC10-489

Received

Receiver: 000286274		
PO: 141920471	PO Date: 10/24/2022	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$41.5200
Line #: 0014	Item: 030376958	Description: MS BIAB GKEY D RED B