

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169449

Claim Line #: 0001

Per Unit Cost: \$44.5800-

Claim Date: 02/05/2023

Claim Quantity: 23.00

Extended Claim Amount: \$1,025.34-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169449	Date: 11/15/2022	
Matched Qty: 83.00	Total Qty: 83.00	Cost Each: \$44.58
Line #: 0014	Item: 030376959	Description: QUEEN RED WC10-490

Received

Receiver: 000780148		
PO: 142264658	PO Date: 11/14/2022	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$44.5800
Line #: 0015	Item: 030376959	Description: MS BIAB GKEY Q RED B