

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000168333

Claim Line #: 0001

Per Unit Cost: \$44.5800-

Claim Date: 01/24/2023

Claim Quantity: 21.00

Extended Claim Amount: \$936.18-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000168333	Date: 10/27/2022	
Matched Qty: 56.00	Total Qty: 56.00	Cost Each: \$44.58
Line #: 0007	Item: 030376915	Description: QUEEN GREY WC10-494

**Received**

Receiver: 000318636		
PO: 141965133	PO Date: 10/26/2022	
Matched Qty: 35.00	Total Qty: 35.00	Cost Each: \$44.5800
Line #: 0011	Item: 030376915	Description: MS BIAB GKEY Q BLK B