

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169897

Claim Line #: 0004

Per Unit Cost: \$80.0300-

Claim Date: 02/16/2023

Claim Quantity: 5.00

Extended Claim Amount: \$400.15-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169897	Date: 11/22/2022	
Matched Qty: 15.00	Total Qty: 15.00	Cost Each: \$80.03
Line #: 0025	Item: 031730062	Description: D/Q CREAM WC10-831

Received

Receiver: 000645620		
PO: 142379579	PO Date: 11/21/2022	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$80.0300
Line #: 0027	Item: 031730062	Description: HT 5PC TAVI COM DQ H