

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174590

Claim Line #: 0004

Per Unit Cost: \$84.0300-

Claim Date: 06/15/2023

Claim Quantity: 1.00

Extended Claim Amount: \$84.03-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000174590	Date: 03/28/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$84.03
Line #: 0012	Item: 031730062	Description: D/Q CREAM WC10-831

Received

Receiver: 000721257		
PO: 144384529	PO Date: 03/27/2023	
Matched Qty: 5.00	Total Qty: 5.00	Cost Each: \$84.0300
Line #: 0054	Item: 031730062	Description: HT 5PC TAVI COM DQ H