

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000175556

Claim Line #: 0001

Per Unit Cost: \$44.0100-

Claim Date: 07/23/2023

Claim Quantity: 7.00

Extended Claim Amount: \$308.07-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000175556	Date: 05/02/2023	
Matched Qty: 9.00	Total Qty: 9.00	Cost Each: \$44.01
Line #: 0009	Item: 030220749	Description: D BLUSH WC10-792

**Received**

Receiver: 000740425		
PO: 144947078	PO Date: 05/01/2023	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$44.0100
Line #: 0011	Item: 030220749	Description: MS BIAB PRINCTN D MS