

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000175928

Claim Line #: 0002

Per Unit Cost: \$43.6000-

Claim Date: 08/14/2023

Claim Quantity: 14.00

Extended Claim Amount: \$610.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000175928	Date: 05/17/2023	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$43.60
Line #: 0007	Item: 030376958	Description: DOUBLERED WC10-489

**Received**

Receiver: 000004162		
PO: 145231983	PO Date: 05/17/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$43.6000
Line #: 0017	Item: 030376958	Description: MS BIAB GKEY D RED B