

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000176818

Claim Line #: 0001

Per Unit Cost: \$50.1300-

Claim Date: 09/19/2023

Claim Quantity: 20.00

Extended Claim Amount: \$1,002.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000176818	Date: 06/21/2023	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$50.13
Line #: 0011	Item: 030220789	Description: Q BLUSH WC10-793

Received

Receiver: 000018428		
PO: 145801969	PO Date: 06/21/2023	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$50.1300
Line #: 0012	Item: 030220789	Description: MS BIAB PRINCTN Q MS