

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177596

Claim Line #: 0003

Per Unit Cost: \$84.0300-

Claim Date: 10/11/2023

Claim Quantity: 6.00

Extended Claim Amount: \$504.18-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177596	Date: 07/25/2023	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$84.03
Line #: 0025	Item: 031730062	Description: D/Q CREAM WC10-831

Received

Receiver: 000814235		
PO: 146318840	PO Date: 07/24/2023	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$84.0300
Line #: 0026	Item: 031730062	Description: HT 5PC TAVI COM DQ H