

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000179511

Claim Line #: 0002

Per Unit Cost: \$54.3800-

Claim Date: 12/16/2023

Claim Quantity: 13.00

Extended Claim Amount: \$706.94-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000179511	Date: 09/21/2023	
Matched Qty: 70.00	Total Qty: 70.00	Cost Each: \$54.38
Line #: 0014	Item: 031079006	Description: QUEEN GREY WC10-636

**Received**

Receiver: 000082749		
PO: 147264527	PO Date: 09/20/2023	
Matched Qty: 57.00	Total Qty: 57.00	Cost Each: \$54.3800
Line #: 0019	Item: 031079006	Description: MS BIAB PLD GRY Q BI