

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000179692

Claim Line #: 0001

Per Unit Cost: \$50.1300-

Claim Date: 12/17/2023

Claim Quantity: 10.00

Extended Claim Amount: \$501.30-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000179692	Date: 09/25/2023	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$50.13
Line #: 0004	Item: 030220789	Description: Q BLUSH WC10-793

**Received**

Receiver: 000000000		
PO: 147336497	PO Date: 09/25/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: