

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000180842

Claim Line #: 0001

Per Unit Cost: \$44.0100-

Claim Date: 12/31/2023

Claim Quantity: 1.00

Extended Claim Amount: \$44.01-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000180842	Date: 10/10/2023	
Matched Qty: 9.00	Total Qty: 9.00	Cost Each: \$44.01
Line #: 0002	Item: 030220749	Description: D BLUSH WC10-792

### Received

Receiver: 000869039		
PO: 147556359	PO Date: 10/09/2023	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$44.0100
Line #: 0004	Item: 030220749	Description: MS BIAB PRINCTN D MS