

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189181

Claim Line #: 0001

Per Unit Cost: \$43.6000-

Claim Date: 05/27/2024

Claim Quantity: 20.00

Extended Claim Amount: \$872.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

|                          |                  |                                 |
|--------------------------|------------------|---------------------------------|
| Invoice: 000000000189181 | Date: 03/05/2024 |                                 |
| Matched Qty: 20.00       | Total Qty: 20.00 | Cost Each: \$43.60              |
| Line #: 0009             | Item: 030376958  | Description: DOUBLERED WC10-489 |

### Received

|                     |                     |                     |
|---------------------|---------------------|---------------------|
| Receiver: 000000000 |                     |                     |
| PO: 150048203       | PO Date: 03/04/2024 |                     |
| Matched Qty: 0.00   | Total Qty: 0.00     | Cost Each: \$0.0000 |
| Line #: 0000        | Item: 000000000     | Description:        |