

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000189318

Claim Line #: 0001

Per Unit Cost: \$46.8100-

Claim Date: 05/28/2024

Claim Quantity: 2.00

Extended Claim Amount: \$93.62-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000189318	Date: 03/11/2024	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$46.81
Line #: 0012	Item: 030376959	Description: QUEEN RED WC10-490

**Received**

Receiver: 000003570		
PO: 150176136	PO Date: 03/11/2024	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$46.8100
Line #: 0012	Item: 030376959	Description: MS BIAB GKEY Q RED B