

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189467

Claim Line #: 0001

Per Unit Cost: \$96.3400-

Claim Date: 06/08/2024

Claim Quantity: 6.00

Extended Claim Amount: \$578.04-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000189467	Date: 03/18/2024	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$96.34
Line #: 0016	Item: 031730063	Description: K CREAM WC10-832

Received

Receiver: 000007494		
PO: 150304575	PO Date: 03/18/2024	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$96.3400
Line #: 0022	Item: 031730063	Description: HT 5PC TAVI COM K HT