

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000190625

Claim Line #: 0001

Per Unit Cost: \$44.1000-

Claim Date: 07/27/2024

Claim Quantity: 28.00

Extended Claim Amount: \$1,234.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000190625	Date: 05/06/2024	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$44.10
Line #: 0009	Item: 030376959	Description: QUEEN RED WC10-490

Received

Receiver: 000037228		
PO: 151156124	PO Date: 05/06/2024	
Matched Qty: 32.00	Total Qty: 32.00	Cost Each: \$44.1000
Line #: 0014	Item: 030376959	Description: MS BIAB GKEY Q RED B