

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000192106

Claim Line #: 0001

Per Unit Cost: \$60.2400-

Claim Date: 10/24/2024

Claim Quantity: 1.00

Extended Claim Amount: \$60.24-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000192106	Date: 08/06/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$60.24
Line #: 0019	Item: 050352235	Description: DQ SAGE WC10-942

**Received**

Receiver: 000058216		
PO: 152702912	PO Date: 08/05/2024	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$60.2400
Line #: 0029	Item: 050352235	Description: MP COMF RHAPSODY DQ