

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192921

Claim Line #: 0007

Per Unit Cost: \$74.3300-

Claim Date: 12/04/2024

Claim Quantity: 2.00

Extended Claim Amount: \$148.66-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192921	Date: 09/17/2024	
Matched Qty: 24.00	Total Qty: 24.00	Cost Each: \$74.33
Line #: 0034	Item: 031730062	Description: D/Q CREAM WC10-831

Received

Receiver: 000083916		
PO: 153422848	PO Date: 09/16/2024	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$74.3300
Line #: 0035	Item: 031730062	Description: HT 5PC TAVI COM DQ H