

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192899

Claim Line #: 0001

Per Unit Cost: \$83.4900-

Claim Date: 12/05/2024

Claim Quantity: 1.00

Extended Claim Amount: \$83.49-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192899	Date: 09/16/2024	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$83.49
Line #: 0036	Item: 031730063	Description: K CREAM WC10-832

Received

Receiver: 000117988		
PO: 153422847	PO Date: 09/16/2024	
Matched Qty: 17.00	Total Qty: 17.00	Cost Each: \$83.4900
Line #: 0037	Item: 031730063	Description: HT 5PC TAVI COM K HT