

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193032

Claim Line #: 0001

Per Unit Cost: \$83.4900-

Claim Date: 12/14/2024

Claim Quantity: 1.00

Extended Claim Amount: \$83.49-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000193032	Date: 09/23/2024	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$83.49
Line #: 0003	Item: 031730063	Description: K CREAM WC10-832

### Received

Receiver: 000123109		
PO: 153548829	PO Date: 09/23/2024	
Matched Qty: 11.00	Total Qty: 11.00	Cost Each: \$83.4900
Line #: 0023	Item: 031730063	Description: HT 5PC TAVI COM K HT