

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000192945

Claim Line #: 0003

Per Unit Cost: \$63.6000-

Claim Date: 12/14/2024

Claim Quantity: 1.00

Extended Claim Amount: \$63.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000192945	Date: 09/18/2024	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$63.60
Line #: 0044	Item: 050352229	Description: DQ TEAL WC10-936

**Received**

Receiver: 000341794		
PO: 153473612	PO Date: 09/18/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$63.6000
Line #: 0045	Item: 050352229	Description: MP COMF ADELPH DQ MP