

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193383

Claim Line #: 0002

Per Unit Cost: \$40.7000-

Claim Date: 12/30/2024

Claim Quantity: 1.00

Extended Claim Amount: \$40.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

|                          |                  |                                  |
|--------------------------|------------------|----------------------------------|
| Invoice: 000000000193383 | Date: 10/07/2024 |                                  |
| Matched Qty: 60.00       | Total Qty: 60.00 | Cost Each: \$40.70               |
| Line #: 0010             | Item: 030376603  | Description: DOUBLEGREY WC10-493 |

### Received

|                     |                     |                                   |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000099380 |                     |                                   |
| PO: 153798675       | PO Date: 10/07/2024 |                                   |
| Matched Qty: 59.00  | Total Qty: 59.00    | Cost Each: \$40.7000              |
| Line #: 0010        | Item: 030376603     | Description: MS BIAB GKEY D BLK B |