

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193884

Claim Line #: 0002

Per Unit Cost: \$44.1000-

Claim Date: 01/15/2025

Claim Quantity: 1.00

Extended Claim Amount: \$44.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000193884	Date: 10/28/2024	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$44.10
Line #: 0015	Item: 030376959	Description: QUEEN RED WC10-490

Received

Receiver: 000147372		
PO: 154143241	PO Date: 10/28/2024	
Matched Qty: 59.00	Total Qty: 59.00	Cost Each: \$44.1000
Line #: 0015	Item: 030376959	Description: MS BIAB GKEY Q RED B