

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000194876

Claim Line #: 0001

Per Unit Cost: \$44.1000-

Claim Date: 02/12/2025

Claim Quantity: 1.00

Extended Claim Amount: \$44.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000194876	Date: 11/26/2024	
Matched Qty: 90.00	Total Qty: 90.00	Cost Each: \$44.10
Line #: 0006	Item: 030376915	Description: QUEEN GREY WC10-494

**Received**

Receiver: 000165370		
PO: 154621658	PO Date: 11/25/2024	
Matched Qty: 89.00	Total Qty: 89.00	Cost Each: \$44.1000
Line #: 0004	Item: 030376915	Description: MS BIAB GKEY Q BLK B