

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000195406

Claim Line #: 0001

Per Unit Cost: \$74.3300-

Claim Date: 03/01/2025

Claim Quantity: 6.00

Extended Claim Amount: \$445.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

|                          |                  |                                 |
|--------------------------|------------------|---------------------------------|
| Invoice: 000000000195406 | Date: 12/04/2024 |                                 |
| Matched Qty: 36.00       | Total Qty: 36.00 | Cost Each: \$74.33              |
| Line #: 0029             | Item: 031730062  | Description: D/Q CREAM WC10-831 |

### Received

|                     |                     |                                   |
|---------------------|---------------------|-----------------------------------|
| Receiver: 000404410 |                     |                                   |
| PO: 154788902       | PO Date: 12/04/2024 |                                   |
| Matched Qty: 30.00  | Total Qty: 30.00    | Cost Each: \$74.3300              |
| Line #: 0018        | Item: 031730062     | Description: HT 5PC TAVI COM DQ H |