

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000197362

Claim Line #: 0005

Per Unit Cost: \$44.1000-

Claim Date: 04/27/2025

Claim Quantity: 1.00

Extended Claim Amount: \$44.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000197362	Date: 02/04/2025	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$44.10
Line #: 0011	Item: 030376915	Description: QUEEN GREY WC10-494

Received

Receiver: 000165361		
PO: 155782802	PO Date: 02/03/2025	
Matched Qty: 59.00	Total Qty: 59.00	Cost Each: \$44.1000
Line #: 0012	Item: 030376915	Description: MS BIAB GKEY Q BLK B