

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000197362

Claim Line #: 0003

Per Unit Cost: \$40.7000-

Claim Date: 04/27/2025

Claim Quantity: 1.00

Extended Claim Amount: \$40.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000197362	Date: 02/04/2025	
Matched Qty: 13.00	Total Qty: 13.00	Cost Each: \$40.70
Line #: 0013	Item: 030376958	Description: DOUBLERED WC10-489

Received

Receiver: 000165361		
PO: 155782802	PO Date: 02/03/2025	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$40.7000
Line #: 0014	Item: 030376958	Description: MS BIAB GKEY D RED B