

# LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000054761

Claim Line #: 0002

Per Unit Cost: \$36.1800-

Claim Date: 10/29/2019

Claim Quantity: 3.00

Extended Claim Amount: \$108.54-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

## Invoice

Invoice: 00000000054761	Date: 08/15/2019	
Matched Qty: 104.00	Total Qty: 104.00	Cost Each: \$36.18
Line #: 0000	Item: 030376959	Description: QUEEN RED WC10-490

## Received

Receiver: 000289166		
PO: 123899030	PO Date: 08/05/2019	
Matched Qty: 101.00	Total Qty: 101.00	Cost Each: \$36.1800
Line #: 0015	Item: 030376959	Description: MS BIAB GKEY Q RED B