

# LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000057733

Claim Line #: 0002

Per Unit Cost: \$33.7000-

Claim Date: 12/17/2019

Claim Quantity: 1.00

Extended Claim Amount: \$33.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

## Invoice

Invoice: 00000000057733	Date: 10/03/2019	
Matched Qty: 46.00	Total Qty: 46.00	Cost Each: \$33.70
Line #: 0000	Item: 030376958	Description: DOUBLERED WC10-489

## Received

Receiver: 000718061		
PO: 124760716	PO Date: 09/30/2019	
Matched Qty: 45.00	Total Qty: 45.00	Cost Each: \$33.7000
Line #: 0014	Item: 030376958	Description: MS BIAB GKEY D RED B