

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000069995

Claim Line #: 0005

Per Unit Cost: \$33.7000-

Claim Date: 02/29/2020

Claim Quantity: 4.00

Extended Claim Amount: \$134.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000069995	Date: 12/12/2019	
Matched Qty: 34.00	Total Qty: 34.00	Cost Each: \$33.70
Line #: 0000	Item: 030376958	Description: DOUBLERED WC10-489

Received

Receiver: 000262203		
PO: 125831326	PO Date: 12/09/2019	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$33.7000
Line #: 0013	Item: 030376958	Description: MS BIAB GKEY D RED B