

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000069995

Claim Line #: 0004

Per Unit Cost: \$36.1800-

Claim Date: 02/29/2020

Claim Quantity: 11.00

Extended Claim Amount: \$397.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000069995	Date: 12/12/2019	
Matched Qty: 42.00	Total Qty: 42.00	Cost Each: \$36.18
Line #: 0000	Item: 030376959	Description: QUEEN RED WC10-490

Received

Receiver: 000262203		
PO: 125831326	PO Date: 12/09/2019	
Matched Qty: 31.00	Total Qty: 31.00	Cost Each: \$36.1800
Line #: 0014	Item: 030376959	Description: MS BIAB GKEY Q RED B