

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000072449

Claim Line #: 0001

Per Unit Cost: \$33.7000-

Claim Date: 03/23/2020

Claim Quantity: 3.00

Extended Claim Amount: \$101.10-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 00000000072449	Date: 12/30/2019	
Matched Qty: 43.00	Total Qty: 43.00	Cost Each: \$33.70
Line #: 0000	Item: 030376958	Description: DOUBLERED WC10-489

Received

Receiver: 000759726		
PO: 126073392	PO Date: 12/25/2019	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$33.7000
Line #: 0014	Item: 030376958	Description: MS BIAB GKEY D RED B