

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000075475

Claim Line #: 0001

Per Unit Cost: \$33.7000-

Claim Date: 04/21/2020

Claim Quantity: 1.00

Extended Claim Amount: \$33.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000075475	Date: 01/30/2020	
Matched Qty: 23.00	Total Qty: 23.00	Cost Each: \$33.70
Line #: 0000	Item: 030376603	Description: DOUBLEGREY WC10-493

**Received**

Receiver: 000282871		
PO: 126498920	PO Date: 01/27/2020	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$33.7000
Line #: 0011	Item: 030376603	Description: MS BIAB GKEY D BLK B