

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000077143

Claim Line #: 0001

Per Unit Cost: \$33.7000-

Claim Date: 06/03/2020

Claim Quantity: 1.00

Extended Claim Amount: \$33.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000077143	Date: 03/12/2020	
Matched Qty: 54.00	Total Qty: 54.00	Cost Each: \$33.70
Line #: 0000	Item: 030376603	Description: DOUBLEGREY WC10-493

**Received**

Receiver: 000397255		
PO: 127087960	PO Date: 03/09/2020	
Matched Qty: 53.00	Total Qty: 53.00	Cost Each: \$33.7000
Line #: 0011	Item: 030376603	Description: MS BIAB GKEY D BLK B