

Differential Replenishment Drug Cost

Grantee Invoice: 47430 Difference: **117.16%**
 Invoice Date: 08/01/2014

ID GRANTEE
 1842 Okeene Municipal Hospital

	EST COST	ACT COST	DELTA
Total	2,874.76	6,242.91	3,368.15
18L	2,874.76	6,242.91	3,368.15

REPLENISH_GRP NABPNUM PHARMACY
 18L 3706415 Luckie Drug

PO	INVOICE	INVC_DATE	EST COST	ACT COST	DELTA
			2,874.76	6,242.91	3,368.15
30672-18L	4234232	07/02/2014	1,216.37	2,343.00	1,126.63
	4234233	07/02/2014	199.16	785.26	586.10
32094-18L	4271182	07/16/2014	590.14	1,384.99	794.85
33191-18L	4308287	07/30/2014	770.36	1,337.03	566.67
	4308288	07/30/2014	98.73	392.63	293.90