

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000184645

Claim Line #: 0001

Per Unit Cost: \$29.1000-

Claim Date: 02/11/2024

Claim Quantity: 2.00

Extended Claim Amount: \$58.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000184645	Date: 11/20/2023	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$29.10
Line #: 0016	Item: 050226938	Description: QUEEN MULTI WC20-102

Received

Receiver: 000000000		
PO: 148278888	PO Date: 11/20/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: