

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000185158

Claim Line #: 0001

Per Unit Cost: \$29.3300-

Claim Date: 02/15/2024

Claim Quantity: 8.00

Extended Claim Amount: \$234.64-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|----------------------------------|
| Invoice: 000000000185158 | Date: 11/27/2023 | |
| Matched Qty: 8.00 | Total Qty: 8.00 | Cost Each: \$29.33 |
| Line #: 0017 | Item: 031079308 | Description: KING MULTI WC14-742 |

Received

| | | |
|---------------------|---------------------|---------------------|
| Receiver: 000000000 | | |
| PO: 148402835 | PO Date: 11/27/2023 | |
| Matched Qty: 0.00 | Total Qty: 0.00 | Cost Each: \$0.0000 |
| Line #: 0000 | Item: 000000000 | Description: |