

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000185715

Claim Line #: 0001

Per Unit Cost: \$27.3800-

Claim Date: 02/24/2024

Claim Quantity: 22.00

Extended Claim Amount: \$602.36-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000185715	Date: 12/04/2023	
Matched Qty: 22.00	Total Qty: 22.00	Cost Each: \$27.38
Line #: 0014	Item: 031079310	Description: TWIN WHITE WC10-640

### Received

Receiver: 000000000		
PO: 148522574	PO Date: 12/04/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: