

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000187258

Claim Line #: 0001

Per Unit Cost: \$29.1000-

Claim Date: 03/20/2024

Claim Quantity: 8.00

Extended Claim Amount: \$232.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000187258	Date: 01/02/2024	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$29.10
Line #: 0028	Item: 050226934	Description: QUEEN GRYPDW20-102

### Received

Receiver: 000000000		
PO: 148977556	PO Date: 01/01/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: