

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189931

Claim Line #: 0001

Per Unit Cost: \$56.4200-

Claim Date: 06/19/2024

Claim Quantity: 2.00

Extended Claim Amount: \$112.84-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

|                          |                  |                               |
|--------------------------|------------------|-------------------------------|
| Invoice: 000000000189931 | Date: 04/01/2024 |                               |
| Matched Qty: 2.00        | Total Qty: 2.00  | Cost Each: \$56.42            |
| Line #: 0027             | Item: 030221035  | Description: K BLUSH WC10-794 |

### Received

|                     |                     |                     |
|---------------------|---------------------|---------------------|
| Receiver: 000000000 |                     |                     |
| PO: 150537518       | PO Date: 04/01/2024 |                     |
| Matched Qty: 0.00   | Total Qty: 0.00     | Cost Each: \$0.0000 |
| Line #: 0000        | Item: 000000000     | Description:        |