

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189803

Claim Line #: 0001

Per Unit Cost: \$24.4000-

Claim Date: 06/23/2024

Claim Quantity: 2.00

Extended Claim Amount: \$48.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000189803	Date: 03/27/2024	
Matched Qty: 50.00	Total Qty: 50.00	Cost Each: \$24.40
Line #: 0015	Item: 031079301	Description: TWIN BLUSH WC10-613

### Received

Receiver: 000215449		
PO: 150475725	PO Date: 03/27/2024	
Matched Qty: 48.00	Total Qty: 48.00	Cost Each: \$24.4000
Line #: 0016	Item: 031079301	Description: MSK RAINA 2PC COM T