

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000191367

Claim Line #: 0001

Per Unit Cost: \$31.1400-

Claim Date: 09/07/2024

Claim Quantity: 4.00

Extended Claim Amount: \$124.56-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000191367	Date: 06/18/2024	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$31.14
Line #: 0004	Item: 030224799	Description: K RED WC13-803

### Received

Receiver: 000000000		
PO: 151882306	PO Date: 06/17/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: