

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000191786

Claim Line #: 0001

Per Unit Cost: \$22.6200-

Claim Date: 10/05/2024

Claim Quantity: 4.00

Extended Claim Amount: \$90.48-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000191786	Date: 07/15/2024	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$22.62
Line #: 0032	Item: 050527274	Description: TWIN PRINT-WC10-892

### Received

Receiver: 000000000		
PO: 152353286	PO Date: 07/15/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: