

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192267

Claim Line #: 0001

Per Unit Cost: \$18.9200-

Claim Date: 10/30/2024

Claim Quantity: 2.00

Extended Claim Amount: \$37.84-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192267	Date: 08/13/2024	
Matched Qty: 82.00	Total Qty: 82.00	Cost Each: \$18.92
Line #: 0060	Item: 030375861	Description: DB/QN WHITE WC12-512

Received

Receiver: 000062518		
PO: 152819048	PO Date: 08/12/2024	
Matched Qty: 80.00	Total Qty: 80.00	Cost Each: \$18.9200
Line #: 0006	Item: 030375861	Description: HT DUVET BUTTON D/Q