

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192372

Claim Line #: 0001

Per Unit Cost: \$24.0400-

Claim Date: 11/09/2024

Claim Quantity: 2.00

Extended Claim Amount: \$48.08-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000192372	Date: 08/19/2024	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$24.04
Line #: 0035	Item: 030378029	Description: DB/QN BLUE WC14-466

### Received

Receiver: 000099821		
PO: 152945303	PO Date: 08/19/2024	
Matched Qty: 38.00	Total Qty: 38.00	Cost Each: \$24.0350
Line #: 0009	Item: 030378029	Description: MS QUILT PATCH D/Q B