

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192921

Claim Line #: 0004

Per Unit Cost: \$18.9200-

Claim Date: 12/04/2024

Claim Quantity: 2.00

Extended Claim Amount: \$37.84-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192921	Date: 09/17/2024	
Matched Qty: 64.00	Total Qty: 64.00	Cost Each: \$18.92
Line #: 0006	Item: 030375861	Description: DB/QN WHITE WC12-512

Received

Receiver: 000083916		
PO: 153422848	PO Date: 09/16/2024	
Matched Qty: 62.00	Total Qty: 62.00	Cost Each: \$18.9200
Line #: 0006	Item: 030375861	Description: HT DUVET BUTTON D/Q