

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192945

Claim Line #: 0001

Per Unit Cost: \$28.9700-

Claim Date: 12/14/2024

Claim Quantity: 2.00

Extended Claim Amount: \$57.94-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000192945	Date: 09/18/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$28.97
Line #: 0061	Item: 050522360	Description: TWIN PURPLEWC10-894

### Received

Receiver: 000000000		
PO: 153473612	PO Date: 09/18/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: