

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000193885

Claim Line #: 0001

Per Unit Cost: \$3.3500-

Claim Date: 01/20/2025

Claim Quantity: 4.00

Extended Claim Amount: \$13.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000193885	Date: 10/28/2024	
Matched Qty: 28.00	Total Qty: 28.00	Cost Each: \$3.35
Line #: 0016	Item: 030400803	Description: STD BLUSH WC21-542

Received

Receiver: 000111357		
PO: 154143242	PO Date: 10/28/2024	
Matched Qty: 24.00	Total Qty: 24.00	Cost Each: \$3.3500
Line #: 0016	Item: 030400803	Description: CS 2PC SATIN PC BSH