

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000194993

Claim Line #: 0001

Per Unit Cost: \$23.3300-

Claim Date: 02/22/2025

Claim Quantity: 2.00

Extended Claim Amount: \$46.66-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000194993	Date: 11/28/2024	
Matched Qty: 34.00	Total Qty: 34.00	Cost Each: \$23.33
Line #: 0005	Item: 030375965	Description: KING WHITE WC12-513

**Received**

Receiver: 000399326		
PO: 154668019	PO Date: 11/27/2024	
Matched Qty: 32.00	Total Qty: 32.00	Cost Each: \$23.3300
Line #: 0003	Item: 030375965	Description: HT DUVET BUTTON K HT