

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000195709

Claim Line #: 0001

Per Unit Cost: \$28.6000-

Claim Date: 03/01/2025

Claim Quantity: 4.00

Extended Claim Amount: \$114.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000195709	Date: 12/10/2024	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$28.60
Line #: 0033	Item: 030220746	Description: D/Q GREY WC12-788

### Received

Receiver: 000000000		
PO: 154862305	PO Date: 12/09/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: