

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000196041

Claim Line #: 0001

Per Unit Cost: \$49.5000-

Claim Date: 03/05/2025

Claim Quantity: 1.00

Extended Claim Amount: \$49.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000196041	Date: 12/16/2024	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$49.50
Line #: 0010	Item: 031079261	Description: QUEEN BLACK WC10-739

### Received

Receiver: 000176583		
PO: 154984126	PO Date: 12/16/2024	
Matched Qty: 59.00	Total Qty: 59.00	Cost Each: \$49.5000
Line #: 0013	Item: 031079261	Description: MS BIAB BUFF BLK Q B