

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000196975

Claim Line #: 0001

Per Unit Cost: \$27.5000-

Claim Date: 04/05/2025

Claim Quantity: 2.00

Extended Claim Amount: \$55.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000196975	Date: 01/13/2025	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$27.50
Line #: 0049	Item: 050352238	Description: KING GREY WC12-961

### Received

Receiver: 000000000		
PO: 155428959	PO Date: 01/13/2025	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: