

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000198761

Claim Line #: 0001

Per Unit Cost: \$43.9500-

Claim Date: 08/16/2025

Claim Quantity: 4.00

Extended Claim Amount: \$175.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000198761	Date: 05/26/2025	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$43.95
Line #: 0023	Item: 050352242	Description: KING WHITE WC20-945

Received

Receiver: 000000000		
PO: 157697396	PO Date: 05/26/2025	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: