

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000198827

Claim Line #: 0001

Per Unit Cost: \$4.0500-

Claim Date: 08/22/2025

Claim Quantity: 4.00

Extended Claim Amount: \$16.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000198827	Date: 06/02/2025	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$4.05
Line #: 0001	Item: 050715818	Description: 20X30'LEOPRDWC21-116

**Received**

Receiver: 000235123		
PO: 157817804	PO Date: 06/02/2025	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$4.0500
Line #: 0020	Item: 050715818	Description: CS 2PC SAT PC LEOPRD