

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000199033

Claim Line #: 0001

Per Unit Cost: \$36.9300-

Claim Date: 09/12/2025

Claim Quantity: 2.00

Extended Claim Amount: \$73.86-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000199033	Date: 06/23/2025	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$36.93
Line #: 0004	Item: 050525523	Description: DOUBLEPURPLEWC10-895

Received

Receiver: 000000000		
PO: 158189183	PO Date: 06/23/2025	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: