

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000199922

Claim Line #: 0001

Per Unit Cost: \$3.5000-

Claim Date: 11/13/2025

Claim Quantity: 4.00

Extended Claim Amount: \$14.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000199922	Date: 08/25/2025	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$3.50
Line #: 0003	Item: 050715817	Description: 20X30'LAVEN WC21-116

Received

Receiver: 000000000		
PO: 159289590	PO Date: 08/25/2025	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: