

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000200794

Claim Line #: 0001

Per Unit Cost: \$28.9700-

Claim Date: 01/07/2026

Claim Quantity: 2.00

Extended Claim Amount: \$57.94-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000200794	Date: 10/20/2025	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$28.97
Line #: 0008	Item: 050522360	Description: TWIN PURPLEWC10-894

### Received

Receiver: 000000000		
PO: 160265389	PO Date: 10/20/2025	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: