

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000203836

Claim Line #: 0001

Per Unit Cost: \$28.9700-

Claim Date: 04/07/2026

Claim Quantity: 2.00

Extended Claim Amount: \$57.94-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000203836	Date: 01/12/2026	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$28.97
Line #: 0011	Item: 050522360	Description: TWIN PURPLEWC10-894

Received

Receiver: 000418030		
PO: 161625214	PO Date: 01/12/2026	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$28.9700
Line #: 0004	Item: 050522360	Description: MSK JAYLA COMF T MSK