LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000203837 Claim Line #: 0001 Per Unit Cost: $4.0500-
Claim Date: 04/08/2026 Claim Quantity: 24.00 Extended Claim Amount: $97.20-
Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000203837	Date: 01/12/2026	
Matched Qty: 24.00	Total Qty: 24.00	Cost Each: $4.05
Line #: 0008	Item: 050715818	Description: 20X30'LEOPRDWC21-116

Received

Receiver: 000000000		
PO: 161625215	PO Date: 01/12/2026	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: $0.0000
Line #: 0000	Item: 000000000	Description: