

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000204607

Claim Line #: 0001

Per Unit Cost: \$3.5000-

Claim Date: 05/08/2026

Claim Quantity: 4.00

Extended Claim Amount: \$14.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000204607	Date: 02/17/2026	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$3.50
Line #: 0008	Item: 050715817	Description: 20X30'LAVEN WC21-116

### Received

Receiver: 000437202		
PO: 162196414	PO Date: 02/16/2026	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$3.5000
Line #: 0012	Item: 050715817	Description: CS 2PC SATIN PC LVD