

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000204607

Claim Line #: 0002

Per Unit Cost: \$4.0500-

Claim Date: 05/08/2026

Claim Quantity: 4.00

Extended Claim Amount: \$16.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000204607	Date: 02/17/2026	
Matched Qty: 64.00	Total Qty: 64.00	Cost Each: \$4.05
Line #: 0009	Item: 050715818	Description: 20X30'LEOPRDWC21-116

Received

Receiver: 000437202		
PO: 162196414	PO Date: 02/16/2026	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$4.0500
Line #: 0013	Item: 050715818	Description: CS 2PC SAT PC LEOPRD