

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000205204

Claim Line #: 0001

Per Unit Cost: \$3.3500-

Claim Date: 06/14/2026

Claim Quantity: 8.00

Extended Claim Amount: \$26.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000205204	Date: 03/23/2026	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$3.35
Line #: 0012	Item: 031388565	Description: STD CHAMP WC21-533

**Received**

Receiver: 000000000		
PO: 162805834	PO Date: 03/23/2026	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: