

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000166936

Claim Line #: 0002

Per Unit Cost: \$26.0800-

Claim Date: 12/18/2022

Claim Quantity: 30.00

Extended Claim Amount: \$782.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000166936	Date: 09/27/2022	
Matched Qty: 33.00	Total Qty: 33.00	Cost Each: \$26.08
Line #: 0018	Item: 031079310	Description: TWIN WHITE WC10-640

**Received**

Receiver: 000546520		
PO: 141463899	PO Date: 09/26/2022	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$26.0800
Line #: 0028	Item: 031079310	Description: MS COMF KISSPL T COM