

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000168220

Claim Line #: 0001

Per Unit Cost: \$3.9000-

Claim Date: 01/16/2023

Claim Quantity: 12.00

Extended Claim Amount: \$46.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000168220	Date: 10/25/2022	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$3.90
Line #: 0010	Item: 030400804	Description: STD PRINT WC21-543

**Received**

Receiver: 000000000		
PO: 141920472	PO Date: 10/24/2022	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: