

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000169447

Claim Line #: 0002

Per Unit Cost: \$50.2800-

Claim Date: 02/04/2023

Claim Quantity: 30.00

Extended Claim Amount: \$1,508.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169447	Date: 11/15/2022	
Matched Qty: 77.00	Total Qty: 77.00	Cost Each: \$50.28
Line #: 0015	Item: 031079261	Description: QUEEN BLACK WC10-739

Received

Receiver: 000057715		
PO: 142264656	PO Date: 11/14/2022	
Matched Qty: 47.00	Total Qty: 47.00	Cost Each: \$50.2800
Line #: 0022	Item: 031079261	Description: MS BIAB BUFF BLK Q B