

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000172209

Claim Line #: 0002

Per Unit Cost: \$3.3500-

Claim Date: 03/28/2023

Claim Quantity: 4.00

Extended Claim Amount: \$13.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|--------------------------|------------------|---------------------------------|
| Invoice: 000000000172209 | Date: 01/03/2023 | |
| Matched Qty: 32.00 | Total Qty: 32.00 | Cost Each: \$3.35 |
| Line #: 0049 | Item: 031388563 | Description: STD BLACK WC21-532 |

Received

| | | |
|---------------------|---------------------|----------------------------------|
| Receiver: 000665462 | | |
| PO: 143023192 | PO Date: 01/02/2023 | |
| Matched Qty: 28.00 | Total Qty: 28.00 | Cost Each: \$3.3500 |
| Line #: 0052 | Item: 031388563 | Description: CS 2PC SATIN PC BLK |