

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000174590

Claim Line #: 0002

Per Unit Cost: \$3.3500-

Claim Date: 06/15/2023

Claim Quantity: 4.00

Extended Claim Amount: \$13.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000174590	Date: 03/28/2023	
Matched Qty: 48.00	Total Qty: 48.00	Cost Each: \$3.35
Line #: 0049	Item: 031388563	Description: STD BLACK WC21-532

**Received**

Receiver: 000721257		
PO: 144384529	PO Date: 03/27/2023	
Matched Qty: 44.00	Total Qty: 44.00	Cost Each: \$3.3500
Line #: 0050	Item: 031388563	Description: CS 2PC SATIN PC BLK