

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000174590

Claim Line #: 0006

Per Unit Cost: \$52.7900-

Claim Date: 06/15/2023

Claim Quantity: 28.00

Extended Claim Amount: \$1,478.12-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000174590	Date: 03/28/2023	
Matched Qty: 57.00	Total Qty: 57.00	Cost Each: \$52.79
Line #: 0030	Item: 031079261	Description: QUEEN BLACK WC10-739

Received

Receiver: 000721257		
PO: 144384529	PO Date: 03/27/2023	
Matched Qty: 29.00	Total Qty: 29.00	Cost Each: \$52.7900
Line #: 0042	Item: 031079261	Description: MS BIAB BUFF BLK Q B