

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000175715

Claim Line #: 0001

Per Unit Cost: \$3.9000-

Claim Date: 07/26/2023

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000175715	Date: 05/08/2023	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$3.90
Line #: 0016	Item: 030400808	Description: STD PRINT2WC21-544

### Received

Receiver: 000000000		
PO: 145064078	PO Date: 05/08/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: