

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177179

Claim Line #: 0003

Per Unit Cost: \$3.9000-

Claim Date: 10/03/2023

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177179	Date: 07/06/2023	
Matched Qty: 32.00	Total Qty: 32.00	Cost Each: \$3.90
Line #: 0012	Item: 030400808	Description: STD PRINT2WC21-544

Received

Receiver: 000027006		
PO: 146023471	PO Date: 07/05/2023	
Matched Qty: 28.00	Total Qty: 28.00	Cost Each: \$3.9000
Line #: 0016	Item: 030400808	Description: CS 2PC SATINPC PRNT2