

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177179

Claim Line #: 0002

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: 24.00	Total Qty: 24.00	Cost Each: \$3.90
Line #: 0010	Item: 030400804	Description: STD PRINT WC21-543

### Received

Receiver: 000027006		
PO: 146023471	PO Date: 07/05/2023	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$3.9000
Line #: 0014	Item: 030400804	Description: 2PC SATIN PC PRT 1 2