

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000177154

Claim Line #: 0002

Per Unit Cost: \$3.3500-

Claim Date: 10/05/2023

Claim Quantity: 8.00

Extended Claim Amount: \$26.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000177154	Date: 07/05/2023	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$3.35
Line #: 0003	Item: 030400805	Description: STD GREY WC21-545

Received

Receiver: 000027005		
PO: 146023470	PO Date: 07/05/2023	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$3.3500
Line #: 0017	Item: 030400805	Description: CS 2PC SATINPC GREY