

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000178293

Claim Line #: 0001

Per Unit Cost: \$59.3800-

Claim Date: 11/10/2023

Claim Quantity: 13.00

Extended Claim Amount: \$771.94-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000178293	Date: 08/22/2023	
Matched Qty: 14.00	Total Qty: 14.00	Cost Each: \$59.38
Line #: 0027	Item: 031079269	Description: KING BLACK WC10-740

### Received

Receiver: 000836907		
PO: 146770774	PO Date: 08/21/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$59.3800
Line #: 0025	Item: 031079269	Description: MS BIAB BUFF BLK K B