

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000179511

Claim Line #: 0003

Per Unit Cost: \$59.3800-

Claim Date: 12/16/2023

Claim Quantity: 25.00

Extended Claim Amount: \$1,484.50-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000179511	Date: 09/21/2023	
Matched Qty: 55.00	Total Qty: 55.00	Cost Each: \$59.38
Line #: 0017	Item: 031079269	Description: KING BLACK WC10-740

**Received**

Receiver: 000082749		
PO: 147264527	PO Date: 09/20/2023	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$59.3800
Line #: 0022	Item: 031079269	Description: MS BIAB BUFF BLK K B