

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000179692

Claim Line #: 0002

Per Unit Cost: \$3.9000-

Claim Date: 12/17/2023

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000179692	Date: 09/25/2023	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$3.90
Line #: 0017	Item: 031388566	Description: STD LEOPRDWC21-536

Received

Receiver: 000902930		
PO: 147336497	PO Date: 09/25/2023	
Matched Qty: 32.00	Total Qty: 32.00	Cost Each: \$3.9000
Line #: 0023	Item: 031388566	Description: CS 2PC SATIN PC LEO