

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000188125

Claim Line #: 0002

Per Unit Cost: \$3.9000-

Claim Date: 04/11/2024

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000188125	Date: 01/23/2024	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$3.90
Line #: 0001	Item: 030400808	Description: STD PRINT2WC21-544

Received

Receiver: 000949395		
PO: 149329581	PO Date: 01/22/2024	
Matched Qty: 16.00	Total Qty: 16.00	Cost Each: \$3.9000
Line #: 0020	Item: 030400808	Description: CS 2PC SATINPC PRNT2