

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000188696

Claim Line #: 0001

Per Unit Cost: \$60.2400-

Claim Date: 05/11/2024

Claim Quantity: 1.00

Extended Claim Amount: \$60.24-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000188696	Date: 02/14/2024	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$60.24
Line #: 0031	Item: 050352227	Description: DQ BLACK WC10-934

Received

Receiver: 000000000		
PO: 149739139	PO Date: 02/14/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: