

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000189045

Claim Line #: 0002

Per Unit Cost: \$25.9000-

Claim Date: 05/18/2024

Claim Quantity: 2.00

Extended Claim Amount: \$51.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000189045	Date: 02/27/2024	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$25.90
Line #: 0051	Item: 050352239	Description: DQ BLACK WC12-962

### Received

Receiver: 000993880		
PO: 149929960	PO Date: 02/26/2024	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$25.9000
Line #: 0054	Item: 050352239	Description: MP DC DOBBY BLK DQ M