

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000190722

Claim Line #: 0001

Per Unit Cost: \$3.9000-

Claim Date: 08/04/2024

Claim Quantity: 8.00

Extended Claim Amount: \$31.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000190722	Date: 05/13/2024	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$3.90
Line #: 0009	Item: 030400804	Description: STD PRINT WC21-543

Received

Receiver: 000000000		
PO: 151280242	PO Date: 05/13/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: