

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000191103

Claim Line #: 0004

Per Unit Cost: \$25.9000-

Claim Date: 08/26/2024

Claim Quantity: 2.00

Extended Claim Amount: \$51.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000191103	Date: 06/04/2024	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$25.90
Line #: 0030	Item: 050352239	Description: DQ BLACK WC12-962

**Received**

Receiver: 000056731		
PO: 151638509	PO Date: 06/03/2024	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$25.9000
Line #: 0031	Item: 050352239	Description: MP DC DOBBY BLK DQ M