

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000191597

Claim Line #: 0001

Per Unit Cost: \$3.3500-

Claim Date: 09/21/2024

Claim Quantity: 4.00

Extended Claim Amount: \$13.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000191597	Date: 07/02/2024	
Matched Qty: 16.00	Total Qty: 16.00	Cost Each: \$3.35
Line #: 0004	Item: 031388568	Description: STD NAVY WC21-535

Received

Receiver: 000037611		
PO: 152116366	PO Date: 07/01/2024	
Matched Qty: 12.00	Total Qty: 12.00	Cost Each: \$3.3500
Line #: 0014	Item: 031388568	Description: CS 2PC SATIN PC NAVY