

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192501

Claim Line #: 0001

Per Unit Cost: \$3.9000-

Claim Date: 11/17/2024

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000192501	Date: 08/26/2024	
Matched Qty: 28.00	Total Qty: 28.00	Cost Each: \$3.90
Line #: 0016	Item: 030400808	Description: STD PRINT2WC21-544

Received

Receiver: 000070594		
PO: 153070464	PO Date: 08/26/2024	
Matched Qty: 24.00	Total Qty: 24.00	Cost Each: \$3.9000
Line #: 0016	Item: 030400808	Description: CS 2PC SATINPC PRNT2