

## LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000192945

Claim Line #: 0004

Per Unit Cost: \$60.2400-

Claim Date: 12/14/2024

Claim Quantity: 1.00

Extended Claim Amount: \$60.24-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000192945	Date: 09/18/2024	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$60.24
Line #: 0042	Item: 050352227	Description: DQ BLACK WC10-934

### Received

Receiver: 000341794		
PO: 153473612	PO Date: 09/18/2024	
Matched Qty: 9.00	Total Qty: 9.00	Cost Each: \$60.2400
Line #: 0043	Item: 050352227	Description: MP COMF AUBRY BLK DQ