

# LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000052426

Claim Line #: 0002

Per Unit Cost: \$20.5000-

Claim Date: 09/12/2019

Claim Quantity: 8.00

Extended Claim Amount: \$164.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

## Invoice

Invoice: 00000000052426	Date: 06/20/2019	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$20.50
Line #: 0000	Item: 030375861	Description: DB/QN WHITE WC12-512

## Received

Receiver: 000000000		
PO: 123184647	PO Date: 06/17/2019	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: