

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000053427

Claim Line #: 0002

Per Unit Cost: \$20.5000-

Claim Date: 10/07/2019

Claim Quantity: 18.00

Extended Claim Amount: \$369.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 00000000053427	Date: 07/18/2019	
Matched Qty: 18.00	Total Qty: 18.00	Cost Each: \$20.50
Line #: 0000	Item: 030375861	Description: DB/QN WHITE WC12-512

Received

Receiver: 000000000		
PO: 123594845	PO Date: 07/15/2019	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: