

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000053427

Claim Line #: 0003

Per Unit Cost: \$20.7000-

Claim Date: 10/07/2019

Claim Quantity: 6.00

Extended Claim Amount: \$124.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

| | | |
|-------------------------|------------------|-----------------------------------|
| Invoice: 00000000053427 | Date: 07/18/2019 | |
| Matched Qty: 6.00 | Total Qty: 6.00 | Cost Each: \$20.70 |
| Line #: 0000 | Item: 030377973 | Description: DB/QN BLACK WC14-470 |

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: |