

# LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000054031

Claim Line #: 0002

Per Unit Cost: \$3.9000-

Claim Date: 10/26/2019

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

## Invoice

Invoice: 00000000054031	Date: 07/31/2019	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$3.90
Line #: 0000	Item: 031388566	Description: STD LEOPRDWC21-536

## Received

Receiver: 000685391		
PO: 123802621	PO Date: 07/29/2019	
Matched Qty: 36.00	Total Qty: 36.00	Cost Each: \$3.9000
Line #: 0029	Item: 031388566	Description: CS 2PC SATIN PC LEO