

W A L M A R T C A N A D A

NOTIFICATION OF CLAIM

Supplier: 009555 \*\*\*\*\* Claim #: 00000000044004  
 Supplier Name: E & E \*\*\*\*\* INVOICE MATCHING \*\*\*\*\* Claim Date: 10/30/2018  
 CANADA CO. LTD \*\*\*\*\* CLAIM DETAIL \*\*\*\*\* Invoice Date: 08/09/2018  
 45875 NORTHPORT LOOP E \*\*\*\*\* PO #: 7850420943  
 AR DEPT \*\* THIS FORM WILL SERVE AS A NOTIFICATION \*\* Whse #: 6093  
 FREMONT CA \*\* OF DEDUCTION ON A REMITTANCE \*\* PO Type: 33  
 CA 94538-6414 \*\*\*\*\* Dept #: 22  
 \*\*\*\*\* PLEASE SEND CORRESPONDENCE TO: \*\*\*\*\* PO Date: 08/06/2018  
 \*\*\*\*\* QST/TVQ#: 1016551356TQ0001  
 \*\*\*\*\* WALMART CANADA \*\*\*\*\* GST/HST TPS/TVH#: 137466199 RT0001  
 \*\*\*\*\* VENDOR COMMUNICATIONS \*\*\*\*\*  
 \*\*\*\*\*

LINE LEVEL PRICE DISCREPANCY	DEDUCTION CODE	PRICE DIFFERENCE	PO/INVOICE	RCVR #
	0011			000007513
INV LN# ITEM # DESCRIPTION	INV COST (EACH)	RCV LN#	ITEM # DESCRIPTION	RCV COST (EACH)
0039 030400805 STD PRINT1WC21-545	3.9000	40	30400805 CS 2PC SATINPC PRNT1	3.3500
PER UNIT COST -0.5500	CLAIM QTY	44.00	EXTENDED CLAIM AMOUNT	-24.20

LINE LEVEL QUANTITY DISCREPANCY	DEDUCTION CODE	MDSE BILLED NOT SHIPPED	RCVR #
	0022		000000000
INV LN# ITEM # DESCRIPTION	INV COST (EACH)	RCV LN#	ITEM # DESCRIPTION
0001 030375965 KING WHITE WC12-513	25.0000	0	0
PER UNIT COST -25.0000	CLAIM QTY	6.00	EXTENDED CLAIM AMOUNT -150.00

LINE LEVEL QUANTITY DISCREPANCY	DEDUCTION CODE	MDSE BILLED NOT SHIPPED	RCVR #
	0022		000000000
INV LN# ITEM # DESCRIPTION	INV COST (EACH)	RCV LN#	ITEM # DESCRIPTION
0034 030073873 STD BLACK WC21-532	51.3800	0	0
PER UNIT COST -51.3800	CLAIM QTY	18.00	EXTENDED CLAIM AMOUNT -924.84

LINE LEVEL QUANTITY DISCREPANCY	DEDUCTION CODE	MDSE BILLED NOT SHIPPED	RCVR #
	0022		000007513
INV LN# ITEM # DESCRIPTION	INV COST (EACH)	RCV LN#	ITEM # DESCRIPTION
0032 031388563 STD BLACK WC21-532	3.3500	45	31388563 CS 2PC SATIN PC BLK
PER UNIT COST -3.3500	CLAIM QTY	4.00	EXTENDED CLAIM AMOUNT -13.40

PURCHASE ORDER LEVEL DISCOUNT DISCREPANCY	DEDUCTION CODE	DEFECTIVE MERCHANDISE ALLOWANCE	RCVR #
	0059		000000000
INV LN# ITEM # DESCRIPTION	INV COST (EACH)	RCV LN#	ITEM # DESCRIPTION
0000 000000000	0.0000	0	0 DEFECTIVE
PER UNIT COST -105.0661	CLAIM QTY	1.00	EXTENDED CLAIM AMOUNT -105.07

TOTAL FOR CLAIM #: -1,217.51  
 NET CLAIM AMOUNT: -1,217.51

PRINT IN LANDSCAPE FORMAT TO SEE ALL THE DATA