

# LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000054770

Claim Line #: 0003

Per Unit Cost: \$51.3800-

Claim Date: 11/03/2019

Claim Quantity: 15.00

Extended Claim Amount: \$770.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

## Invoice

Invoice: 00000000054770	Date: 08/15/2019	
Matched Qty: 15.00	Total Qty: 15.00	Cost Each: \$51.38
Line #: 0000	Item: 030073873	Description: STD PRINT1WC21-545

## Received

Receiver: 000000000		
PO: 124005664	PO Date: 08/12/2019	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: