

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000059172

Claim Line #: 0003

Per Unit Cost: \$51.3800-

Claim Date: 01/25/2020

Claim Quantity: 15.00

Extended Claim Amount: \$770.70-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 00000000059172	Date: 10/31/2019	
Matched Qty: 15.00	Total Qty: 15.00	Cost Each: \$51.38
Line #: 0000	Item: 030073873	Description: DB/QN PURPLEWC14-506

Received

Receiver: 000000000		
PO: 125220764	PO Date: 10/30/2019	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: