

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 00000000069995

Claim Line #: 0001

Per Unit Cost: \$3.9000-

Claim Date: 02/29/2020

Claim Quantity: 4.00

Extended Claim Amount: \$15.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 00000000069995	Date: 12/12/2019	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$3.90
Line #: 0000	Item: 030400808	Description: STD PRINT2WC21-544

Received

Receiver: 000000000		
PO: 125831326	PO Date: 12/09/2019	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: