

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000069995

Claim Line #: 0003

Per Unit Cost: \$3.9000-

Claim Date: 02/29/2020

Claim Quantity: 8.00

Extended Claim Amount: \$31.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000069995	Date: 12/12/2019	
Matched Qty: 40.00	Total Qty: 40.00	Cost Each: \$3.90
Line #: 0000	Item: 031388566	Description: STD LEOPRDWC21-536

Received

Receiver: 000262203		
PO: 125831326	PO Date: 12/09/2019	
Matched Qty: 32.00	Total Qty: 32.00	Cost Each: \$3.9000
Line #: 0029	Item: 031388566	Description: CS 2PC SATIN PC LEO