

# LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000076261

Claim Line #: 0001

Per Unit Cost: \$3.3500-

Claim Date: 04/26/2020

Claim Quantity: 36.00

Extended Claim Amount: \$120.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

## Invoice

Invoice: 000000000076261	Date: 02/06/2020	
Matched Qty: 60.00	Total Qty: 60.00	Cost Each: \$3.35
Line #: 0000	Item: 030400805	Description: STD GREY WC21-545

## Received

Receiver: 000285230		
PO: 126595489	PO Date: 02/03/2020	
Matched Qty: 24.00	Total Qty: 24.00	Cost Each: \$3.3500
Line #: 0023	Item: 030400805	Description: CS 2PC SATINPC GREY