

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000078727

Claim Line #: 0002

Per Unit Cost: \$20.7000-

Claim Date: 07/02/2020

Claim Quantity: 10.00

Extended Claim Amount: \$207.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000078727	Date: 04/08/2020	
Matched Qty: 30.00	Total Qty: 30.00	Cost Each: \$20.70
Line #: 0000	Item: 030377973	Description: DB/QN BLACK WC14-470

**Received**

Receiver: 000410500		
PO: 127495356	PO Date: 04/06/2020	
Matched Qty: 20.00	Total Qty: 20.00	Cost Each: \$20.7000
Line #: 0020	Item: 030377973	Description: MS QUILT D/Q GRY/BLK