

**LINE LEVEL QUANTITY DISCREPANCY**

Claim Number: 000000000078727

Claim Line #: 0001

Per Unit Cost: \$16.0000-

Claim Date: 07/02/2020

Claim Quantity: 10.00

Extended Claim Amount: \$160.00-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000078727	Date: 04/08/2020	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$16.00
Line #: 0000	Item: 030377971	Description: TWIN BLACK WC14-469

**Received**

Receiver: 000000000		
PO: 127495356	PO Date: 04/06/2020	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: