

## Billed Not Shipped

Claim Number: 000000000167857

Claim Line #: 0001

Per Unit Cost: \$61.7200-

Claim Date: 11/11/2022

Claim Quantity: 1.00

Extended Claim Amount: \$61.72-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000167857	Date: 10/17/2022	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$61.72-
Line #: 0007	Item: 030220702	Description:

**Received**

Receiver: 000741025		
PO: 141797234	PO Date: 10/17/2022	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0000	Item: 030220702	Description: