

## Billed Not Shipped

Claim Number: 000000000167952

Claim Line #: 0001

Per Unit Cost: \$35.8400-

Claim Date: 11/09/2022

Claim Quantity: 1.00

Extended Claim Amount: \$35.84-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000167952	Date: 10/19/2022	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$35.84-
Line #: 0018	Item: 031079278	Description:

**Received**

Receiver: 000315418		
PO: 141845594	PO Date: 10/19/2022	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0000	Item: 031079278	Description: