

Billed Not Shipped

Claim Number: 000000000169506

Claim Line #: 0001

Per Unit Cost: \$63.2200-

Claim Date: 12/01/2022

Claim Quantity: 7.00

Extended Claim Amount: \$442.54-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000169506	Date: 11/16/2022	
Matched Qty: 7.00	Total Qty: 7.00	Cost Each: \$63.22-
Line #: 0006	Item: 030223654	Description:

Received

Receiver: 000329790		
PO: 142312533	PO Date: 11/16/2022	
Matched Qty: 7.00	Total Qty: 7.00	Cost Each: \$0.0000
Line #: 0000	Item: 030223654	Description: