

## Billed Not Shipped

Claim Number: 000000000172864

Claim Line #: 0001

Per Unit Cost: \$43.6000-

Claim Date: 04/04/2023

Claim Quantity: 3.00

Extended Claim Amount: \$130.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000172864	Date: 01/25/2023	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$43.60-
Line #: 0003	Item: 030376958	Description: MS BIAB GKEY D RED

### Received

Receiver: 000364488		
PO: 143395215	PO Date: 01/25/2023	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$0.0000
Line #: 0014	Item: 030376958	Description: MS BIAB GKEY D RED