

Billed Not Shipped

Claim Number: 000000000172863

Claim Line #: 0001

Per Unit Cost: \$13.4000-

Claim Date: 02/27/2023

Claim Quantity: 8.00

Extended Claim Amount: \$107.20-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000172863	Date: 01/25/2023	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$13.40-
Line #: 0023	Item: 031388568	Description:

Received

Receiver: 000364481		
PO: 143395214	PO Date: 01/25/2023	
Matched Qty: 8.00	Total Qty: 8.00	Cost Each: \$0.0000
Line #: 0000	Item: 031388568	Description: