

## Billed Not Shipped

Claim Number: 000000000173005

Claim Line #: 0001

Per Unit Cost: \$56.4200-

Claim Date: 05/03/2023

Claim Quantity: 2.00

Extended Claim Amount: \$112.84-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000173005	Date: 01/30/2023	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$56.42-
Line #: 0015	Item: 030221035	Description:

### Received

Receiver: 000881181		
PO: 143461884	PO Date: 01/30/2023	
Matched Qty: 2.00	Total Qty: 2.00	Cost Each: \$0.0000
Line #: 0000	Item: 030221035	Description: