

## Billed Not Shipped

Claim Number: 000000000173006

Claim Line #: 0001

Per Unit Cost: \$52.7900-

Claim Date: 05/03/2023

Claim Quantity: 1.00

Extended Claim Amount: \$52.79-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000173006	Date: 01/30/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$52.79-
Line #: 0043	Item: 031079261	Description: MS BIAB BUFF BLK Q

### Received

Receiver: 000685170		
PO: 143461885	PO Date: 01/30/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0044	Item: 031079261	Description: MS BIAB BUFF BLK Q