

Billed Not Shipped

Claim Number: 000000000173236

Claim Line #: 0001

Per Unit Cost: \$48.9800-

Claim Date: 05/03/2023

Claim Quantity: 1.00

Extended Claim Amount: \$48.98-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000173236	Date: 02/06/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$48.98-
Line #: 0014	Item: 031079003	Description: MS BIAB PLD GRY D

Received

Receiver: 000687585		
PO: 143571115	PO Date: 02/06/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0021	Item: 031079003	Description: MS BIAB PLD GRY D