

Billed Not Shipped

Claim Number: 000000000173067

Claim Line #: 0002

Per Unit Cost: \$13.4000-

Claim Date: 05/03/2023

Claim Quantity: 1.00

Extended Claim Amount: \$13.40-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000173067	Date: 02/01/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$13.40-
Line #: 0050	Item: 031388565	Description: CS 2PC SATIN PC CHM

Received

Receiver: 000367987		
PO: 143504670	PO Date: 02/01/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0051	Item: 031388565	Description: CS 2PC SATIN PC CHM