

Billed Not Shipped

Claim Number: 000000000172807

Claim Line #: 0001

Per Unit Cost: \$45.2700-

Claim Date: 05/03/2023

Claim Quantity: 1.00

Extended Claim Amount: \$45.27-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000172807	Date: 01/23/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$45.27-
Line #: 0042	Item: 031079056	Description: MS BIAB BUFF BLK D

Received

Receiver: 000768131		
PO: 143354544	PO Date: 01/23/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0038	Item: 031079056	Description: MS BIAB BUFF BLK D