

## Billed Not Shipped

Claim Number: 000000000173975

Claim Line #: 0002

Per Unit Cost: \$53.5100-

Claim Date: 05/10/2023

Claim Quantity: 1.00

Extended Claim Amount: \$53.51-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000173975	Date: 03/06/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$53.51-
Line #: 0036	Item: 031079033	Description: CAN CH 3PCCOM GRY DQ

### Received

Receiver: 000330275		
PO: 144023978	PO Date: 03/06/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$39,956.0800
Line #: 0039	Item: 031079033	Description: CAN CH 3PCCOM GRY DQ