

Billed Not Shipped

Claim Number: 000000000174371

Claim Line #: 0001

Per Unit Cost: \$53.5100-

Claim Date: 05/24/2023

Claim Quantity: 6.00

Extended Claim Amount: \$321.06-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000174371	Date: 03/20/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$53.51-
Line #: 0030	Item: 031079033	Description: CAN CH 3PCCOM GRY DQ

Received

Receiver: 000344134		
PO: 144259491	PO Date: 03/20/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$31,854.2400
Line #: 0025	Item: 031079033	Description: CAN CH 3PCCOM GRY DQ