

## Billed Not Shipped

Claim Number: 000000000174821

Claim Line #: 0001

Per Unit Cost: \$65.9400-

Claim Date: 06/14/2023

Claim Quantity: 1.00

Extended Claim Amount: \$65.94-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

### Invoice

Invoice: 000000000174821	Date: 04/05/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$65.94-
Line #: 0011	Item: 030224799	Description:

### Received

Receiver: 000400491		
PO: 144546335	PO Date: 04/05/2023	
Matched Qty: 1.00	Total Qty: 1.00	Cost Each: \$0.0000
Line #: 0000	Item: 030224799	Description: