

Claim Number: 000000000173774

Claim Line #: 0001

Per Unit Cost: \$59.3800-

Claim Date: 06/22/2023

Claim Quantity: 5.00

Extended Claim Amount: \$296.90-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

**Invoice**

Invoice: 000000000173774	Date: 02/27/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$59.38-
Line #: 0000	Item: 031079269	Description: MS BIAB BUFF BLK K

**Received**

Receiver: 000323679		
PO: 143912219	PO Date: 02/27/2023	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$0.0000
Line #: 0000	Item: 000000000	Description: