

Billed Not Shipped

Claim Number: 000000000175368

Claim Line #: 0002

Per Unit Cost: \$37.6300-

Claim Date: 07/27/2023

Claim Quantity: 4.00

Extended Claim Amount: \$150.52-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175368	Date: 04/26/2023	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$37.63-
Line #: 0023	Item: 031079278	Description: MS COM KISSPL GRY DQ

Received

Receiver: 000412103		
PO: 144875619	PO Date: 04/26/2023	
Matched Qty: 4.00	Total Qty: 4.00	Cost Each: \$0.0000
Line #: 0043	Item: 031079278	Description: MS COM KISSPL GRY DQ