

Billed Not Shipped

Claim Number: 000000000175368

Claim Line #: 0001

Per Unit Cost: \$50.3600-

Claim Date: 07/27/2023

Claim Quantity: 6.00

Extended Claim Amount: \$302.16-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175368	Date: 04/26/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$50.36-
Line #: 0013	Item: 030221974	Description:

Received

Receiver: 000412103		
PO: 144875619	PO Date: 04/26/2023	
Matched Qty: 6.00	Total Qty: 6.00	Cost Each: \$0.0000
Line #: 0000	Item: 030221974	Description: