

Billed Not Shipped

Claim Number: 000000000175104

Claim Line #: 0001

Per Unit Cost: \$54.3800-

Claim Date: 07/27/2023

Claim Quantity: 10.00

Extended Claim Amount: \$543.80-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000175104	Date: 04/17/2023	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$54.38-
Line #: 0053	Item: 031079006	Description: MS BIAB PLD GRY Q

Received

Receiver: 000361277		
PO: 144718248	PO Date: 04/17/2023	
Matched Qty: 10.00	Total Qty: 10.00	Cost Each: \$0.0000
Line #: 0037	Item: 031079006	Description: MS BIAB PLD GRY Q