

## LINE LEVEL SUBSTITUTION CLAIM

Claim Number: 000000000172209

Claim Line #: 0001

Per Unit Cost: \$2.5100-

Claim Date: 03/28/2023

Claim Quantity: 3.00

Extended Claim Amount: \$7.53-

Deduction: 0013 - SUBSTITUTION OVER CHARGE

### Invoice

Invoice: 000000000172209	Date: 01/03/2023	
Matched Qty: 3.00	Total Qty: 3.00	Cost Each: \$53.74
Line #: 0056	Item: 030221035	Description: K BLUSH WC10-794

### Received

Receiver: 000665462		
PO: 143023192	PO Date: 01/02/2023	
Matched Qty: 3.00	Total Qty: 18.00	Cost Each: \$51.2300
Line #: 0027	Item: 030376957	Description: MS BIAB GKEY K BLK B