

**LINE LEVEL SUBSTITUTION CLAIM**

Claim Number: 000000000174590

Claim Line #: 0001

Per Unit Cost: \$2.0300-

Claim Date: 06/15/2023

Claim Quantity: 4.00

Extended Claim Amount: \$8.12-

Deduction: 0013 - SUBSTITUTION OVER CHARGE

**Invoice**

Invoice: 000000000174590	Date: 03/28/2023	
Matched Qty: 4.00	Total Qty: 10.00	Cost Each: \$53.51
Line #: 0039	Item: 031079033	Description: D/Q GREY WC10-621

**Received**

Receiver: 000721257		
PO: 144384529	PO Date: 03/27/2023	
Matched Qty: 4.00	Total Qty: 16.00	Cost Each: \$51.4800
Line #: 0037	Item: 031079025	Description: CAN BUFF 3PC COM DQ