

LINE LEVEL SUBSTITUTION CLAIM

Claim Number: 000000000188697

Claim Line #: 0001

Per Unit Cost: \$1.3550-

Claim Date: 05/12/2024

Claim Quantity: 2.00

Extended Claim Amount: \$2.71-

Deduction: 0013 - SUBSTITUTION OVER CHARGE

Invoice

Invoice: 000000000188697	Date: 02/14/2024	
Matched Qty: 2.00	Total Qty: 12.00	Cost Each: \$29.60
Line #: 0022	Item: 050352238	Description: KING GREY WC12-961

Received

Receiver: 000185348		
PO: 149739140	PO Date: 02/14/2024	
Matched Qty: 2.00	Total Qty: 12.00	Cost Each: \$28.2450
Line #: 0004	Item: 030224788	Description: CAN BUFF DUV COV DQ