

867 PRODUCT TRANSFER AND RESALE REPORT - VERSION 5010

This example represents a sales tracing being sent from a wholesaler to a manufacturer. This example is for a contract sale/requested rebate. Sample below includes two loops - one for contract sales and one for non-contract sale.

867 Product Transfer and Resale Report
Example 2

TRANSACTION SET HEADER

ST*867*100000103

Transaction Set Identifier Code

ST01 867 X12 Product Transfer and Resale Report

Transaction Set Control Number

ST02 100000103

BEGINNING SEGMENT FOR PRODUCT TRANSFER and RESALE

BPT*00*ABC123*20070501*SS

Transaction Set Purpose Code

BPT01 00 Original Qualifier

Reference Identification

BPT02 ABC123 Assigned by Seller

Date

BPT03 20070501 Date file is createad.

Report Type Code

BPT04 SS Seller Sales Report

DATE/TIME REFERENCE

DTM*090*20070401

Date/Time Qualifier

DTM01 090 Report Start Qualifier

Date

DTM02 20070401 Report Start Date

DATE/TIME REFERENCE

DTM*091*20070430

Date/Time Qualifier

DTM01 091 Report End Qualifier

Date

DTM02 20070430 Report End Date

DISTRIBUTOR NAME

N1*DB*M & D OF SHREVEPORT*21*BZ0521P00

Entity Identifier Code

N101 DB Distributor Branch Qualifier

Name

N102 M & D OF SHREVEPORT

Identification Code Qualifier

N103 21 HIN Number Qualifier
Identification Code
N104 BZ0521P00 HIN Number

DISTRIBUTOR ADDRESS INFORMATION

N3*One First Street*Storage Location 1

Address Information

N301 One First Street Address 1
N302 Storage Location 1 Address 2

DISTRIBUTOR GEOGRAPHIC LOCATION

N4*Shreveport*LA*60054

City

N401 Shreveport City

State

N402 LA State

Postal Code

N403 60054 Postal Code

MAUFACTURER NAME

N1*MF*ACME FLEXIBLES*21*ARV2LP100

Entity Identifier Code

N101 MF Manufacturer Code Qualifier

Name

N102 ACME FLEXIBLES

Qualifier

N103 21 HIN Number Qualifier

DEA Number

N104 ARV2LP100 HIN Number

MANUFACTURER ADDRESS INFORMATION

N3*One Second Street

Address Information

N301 One Second Street Address 1

MANUFACTURER GEOGRAPHIC LOCATION

N4*Shreveport*LA*60054

City

N401 Shreveport City

State

N402 LA State

Postal Code

N403 60054 Postal Code

PRODUCT TRANSFER AND RESALE DETAIL

PTD*SS

Product Transfer Type Code

PTD01 SS Stock Sale

END USER NAME

N1*ST*UTMB - GALVESTON OP*21*AYSAL4Z00

Entity Identifier Code

N101 ST Ship To Qualifier

Name

N102 UTMB – GALVESTON OP

Identification Code Qualifier

N103 21 HIN Number Qualifier

Identification Code

N104 AYSAL4Z00 HIN Number

END USER ADDRESS INFORMATION

N3*One Hospital Drive*2nd Flr Nurse's Stat.

Address Information

N301 One Hospital Drive Address 1

N302 2nd Flr Nurse's Stat. Address 2

END USER GEOGRAPHIC LOCATION

N4*Galveston*TX*77555

City

N401 Galveston City

State

N402 TX State

Postal Code

N403 77555 Postal Code

QUANTITY INFORMATION

QTY*32*5*CA

Quantity Qualifier

QTY01 32 Quantity Sold Qualifier

Quantity

QTY02 5 Quantity

Unit or Basis for Measurement Code

QTY03 CA Case

Product/Servie ID Qualifier

LIN02 MG Manufacturer's Part Number Qualifier

Product/Servie ID

LIN03 371123 Manufacturer's Part Number

UNIT DETAIL

UIT*CA*5.00*DR

Composite Unit of Measure

UIT01 CA Case

Unit Price

UIT02 5.00

Basis of Unit Price Code

UIT03 DR Dealer Price Qualifier

REFERENCE INFORMATION

REF*DI*0718535

Reference Identification Qualifier

REF01 DI Distributor Invoice Number Qualifier

Reference Identification

REF02 0718535 Distributor Invoice Number

DATE/TIME REFERENCE

DTM*003*20070305

Date/Time Qualifier

DTM01 003 Invoice Qualifier

Date

DTM02 20070415 Invoice Date

PRODUCT TRANSFER AND RESALE DETAIL

PTD*SS**VC*1000456456

Product Transfer Type Code

PTD01 SS Stock Sale

Reference Identification Qualifier

PTD04 CT Contract Number Qualifier

Reference Identification

PTD05 1000456456

REFERENCE INFORMATION

REF*DL*ABCX321

Reference Identification Qualifier

REF01 DL Seller's Debit Memo Qualifier

Reference Identification

REF02 ABCX123 Debit Memo Reference Number

END USER NAME

N1*ST*UTMB - GALVESTON OP*21*AYSAL4Z00

Entity Identifier Code

N101 ST Ship To Qualifier

Name

N102 UTMB - GALVESTON OP

Identification Code Qualifier

N103 21 HIN Number Qualifier

Identification Code

N104 AYSAL4Z00 HIN Number

END USER ADDRESS INFORMATION

N3*One Hospital Drive*2nd Flr Nurse's Stat.

Address Information

N301 One Hospital Drive Address 1

N302 2nd Flr Nurse's Stat. Address 2

END USER GEOGRAPHIC LOCATION

N4*Shreveport*LA*60054

City

N401 Shreveport City

State

N402 LA State

Postal Code

N403 60054 Postal Code

QUANTITY INFORMATION

QTY*32*5*CA

Quantity Qualifier

QTY01 32 Quantity Sold Qualifier

Quantity

QTY02 5 Quantity

Unit or Basis for Measurement Code

QTY03 CA Case

ITEM IDENTIFICATION

LIN**MG*372234

Product/Servie ID Qualifier

LIN02 MG Manufacturer's Part Number Qualifier

Product/Servie ID

LIN03 372234 Manufacturer's Part Number

UNIT DETAIL

UIT*CA*5.00*DR

Composite Unit of Measure

UIT01 CA Case

Unit Price

UIT02 5.00

Basis of Unit Price Code

UIT03 DR Dealer Price Qualifier

MONETARY AMOUNT INFORMATION

AMT*CC*25.00*D

Amount Qualifier Code

AMT01 CC Chargeback Claim Amount Qualifier

Monetary Amount

AMT02 25.00 Requested Rebate Amount
Credit/Debit Flag Code
AMT03 D

REFERENCE INFORMATION

REF*DI*0718535

Reference Identification Qualifier

REF01 DI Distributor Invoice Number Qualifier

Reference Identification

REF02 0718535 Distributor Invoice Number

DATE/TIME REFERENCE

DTM*003*20070415

Date/Time Qualifier

DTM01 003 Invoice Qualifier

Date

DTM02 20070415 Invoice Date

TRANSACTION TOTALS

CTT*1

Number of Line Items

CTT01 1 Total Number LIN Segments

MONETARY AMOUNT

AMT*1*25.00

Amount Qualifier Code

AMT01 1 Line Item Total Qualifier

Monetary Amount

AMT02 25.00 Total Requested Rebate Amount

TRANSACTION SET TRAILER

SE*16*1000000103

Number of Included Segments

SE01 16

Transaction Set Control Number

SE02 1000000103

Transmission File:

ST^867^1000000103

BPT*00*ABCX123*20070501*SS

DTM*090*20070401

DTM*091*20070430

N1*DB*M&D of Shreveport*21*BZ0521P00

N3*One First Street*Storage Location 1

N4*Shreveport*LA*60054

N1*MF*Acme Flexibles*21*ARV2LP100

N3*1 Second Street
N4*Shreveport*LA*60054
PTD*SS
REF*DL*ABCX123
N1*ST*UTMB-Galveston OP*21*AYSAL4Z00
N3*One Hospital Drive*2nd Floor Nurse's Station
N4*Galveston*TX*77555
QTY*32*5*CA
LIN**MG*371123
UIT*CA*5.00*DR
REF*DI*0718535
DTM*003*20070415
PTD*SS**VC*1000456456
REF*DL*ABCX123
N1*ST*UTMB-Galveston OP*21*AYSAL4Z00
N3*One Hospital Drive*2nd Floor Nurse's Station
N4*Galveston*TX*77555
QTY*32*5*CA
LIN**MG*372234
UIT*CA*5.00*DR
AMT*CC*25.00
REF*DI*0718535
DTM*003*20070415
CTT*2
AMT*1*25.00
SE*16*1000000103