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  1000000103

**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
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

MANUFACTURER 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
<table>
<thead>
<tr>
<th>UIT01</th>
<th>CA</th>
<th>Case</th>
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</thead>
<tbody>
<tr>
<td><strong>Unit Price</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UIT02</td>
<td>5.00</td>
<td></td>
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<tr>
<td><strong>Basis of Unit Price Code</strong></td>
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<tr>
<td>UIT03</td>
<td>DR</td>
<td>Dealer Price Qualifier</td>
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</tbody>
</table>

**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
  - 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 10004546456

**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
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Requested Rebate Amount</td>
<td>25.00</td>
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<tr>
<td>Credit/Debit Flag Code</td>
<td>D</td>
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**REFERENCE INFORMATION**

<table>
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<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Reference Identification Qualifier</td>
<td>REF01 DI Distributor Invoice Number Qualifier</td>
</tr>
<tr>
<td>Reference Identification</td>
<td>REF02 0718535 Distributor Invoice Number</td>
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**DATE/TIME REFERENCE**

<table>
<thead>
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<th>Field</th>
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<tbody>
<tr>
<td>Date/Time Qualifier</td>
<td>DTM01 003 Invoice Qualifier</td>
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<tr>
<td>Date</td>
<td>DTM02 20070415 Invoice Date</td>
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**TRANSACTION TOTALS**

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<th>Field</th>
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<tbody>
<tr>
<td>Number of Line Items</td>
<td>CTT01 1 Total Number LIN Segments</td>
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**MONETARY AMOUNT**

<table>
<thead>
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<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Amount Qualifier Code</td>
<td>AMT01 1 Line Item Total Qualifier</td>
</tr>
<tr>
<td>Monetary Amount</td>
<td>AMT02 25.00 Total Requested Rebate Amount</td>
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**TRANSACTION SET TRAILER**

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<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
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<td>SE01 16</td>
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<tr>
<td>Transaction Set Control Number</td>
<td>SE02 1000000103</td>
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**Transmission File:**

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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