

Headings: Y
Delimiter: chr(9)

Field	Type	Length	Required	Comments
Billback Ref #	A	0	Y	
Cust Invoice #	A	0	Y	
Invoice Date	A	0	Y	
Cust #	A	0	Y	
Cust Name	A	0	Y	
Addr 1 & 2	A	0	Y	
City	A	0	Y	
State	A	0	Y	
Zip Code	A	0	Y	
Prod #	A	0	Y	
Mfg #	A	0	Y	
Pack Size	A	0	N	
Description	A	0	Y	
Purchase Cost	A	0	N	
Contract Cost	A	0	N	
Cases	A	0	Y	
Amt/Cs	A	0	Y	
Service Fee	A	0	N	
Ext Amt	A	0	Y	
Check #	A	0	Y	
Ref #	A	0	Y	
Product Vendor	A	0	N	
Deduction Vendor	A	0	N	

Notes

Import Claims from Reinhart Backup File