



HDMA Returned Goods Debit Memo Template

Returned Goods Debit Memo Template Instructions

Overview

Reverse logistics in the healthcare industry focuses on removing unsaleable product from the supply chain in a safe and efficient manner, whether it is damaged, expired, recalled or otherwise not saleable.

The attached template contains information commonly exchanged between trading partners to convey information about returned pharmaceuticals to facilitate the credit reconciliation process.

Although there are efforts to exchange information electronically in the returned goods process, trading partners may be able to realize efficiencies by streamlining the flow of information exchanged in the paper process as well. This sample Returned Goods Debit Memo Template is designed to clearly communicate the pertinent information needed to process a pharmaceutical return.

HDMA Returns Task Force

This tool was developed by the HDMA Returns Task Force (RTF), whose mission is to identify best practices and develop recommendations that address key issues and improve processes and technology efficiencies for returned or unsaleable healthcare products.

The RTF comprises representatives from major segments of the healthcare industry, including manufacturers and distributors of healthcare products and service providers to the healthcare supply chain. The RTF recognizes that each company must develop its own returns policies, and must individually choose how to work and contract with its industry partners, suppliers and customers.

In a previous report, *Returns Logistics Practices*, the RTF recommended that distributors, manufacturers and returns service providers may want to consider including the following data elements in paper or electronic transactions for the return authorization, debit memo, packing slip and credit memo¹.

- Price
- NDC
- Return date
- Lot number
- DEA number*
- Customer number
- Expiration date
- Product description
- Reference number
- Quantity
- Credit method
- Unit of measure

*For controlled substances as required by the Drug Enforcement Administration. Otherwise use another identifier.

These 12 data elements are not intended to represent a comprehensive list of returned goods information that may need to be communicated between trading partners in the healthcare supply chain.

In this template, the RTF has developed a tool containing these 12 elements and other information that trading partners may find applicable to their processes.

¹ Healthcare Distribution Management Association (HDMA), *Returns Logistics Practices*, (HDMA, 2008), 10

Returned Goods Debit Memo Template Instructions

HEADER LEVEL

1. DATE

Indicate the date on which the debit memo is created.

2. DEBIT MEMO NUMBER

A unique number assigned by the returning entity. Trading partners should determine the numbering scheme in advance and consider the timeframe acceptable for potential re-use of any debit memo number to avoid confusion. Debit Memo numbers are usually referenced on all related correspondence.

3. TOTAL

Indicate the total dollar amount requested on the debit memo.

4. CONTAINERS

Indicate the number of containers referenced on the debit memo.

5. TOTAL UNIT COUNT

Indicate the total number of units referenced.

6. RETURN TYPE

Indicate the type of return.

- Single entity return [one customer, one or more products for one manufacturer];
- Batch return by class of trade [multiple customers grouped by class of trade, one or multiple products for one manufacturer]; or
- Batch return with customer detail [multiple returning locations, one or multiple products for one manufacturer.

7. STATE RETURNS REQUIREMENT

Indicate whether items on this debit memo are being returned from states with specific returns requirements, such as credit for partials. The RTF recommends a separate debit memo for such returns. If there are products from multiple states on one debit memo and at least one of the states has particular returns requirements, indicate the state at the detail level.

8. RECALLED PRODUCT

Indicate whether this is a debit memo for recalled product. The RTF recommends a separate debit memo for recalled product.

Returned Goods Debit Memo Template Instructions

9. CONTROLLED SUBSTANCES

Indicate whether this debit memo contains controlled product. If answered "yes", indicate the contact information for the Drug Enforcement Administration Form 222 in the space below.

10. ORIGINATING PROCESSOR

Provide information about the organization that initiates the processing of the returned products, including:

- Company name, address, identifier*, contact name, phone, fax and e-mail.

11. ORIGINATING CUSTOMER

Provide information about the customer returning the products, including:

- Company name, address, identifier*, contact name, phone, fax and e-mail.

12. CREDIT TO/REMIT TO

Provide information about the organization that should receive the credit or check. (This is usually the customer's distributor) including:

- Company name, address, identifier*, contact name, phone, fax and e-mail.

13. CONTACT FOR FORM 222 (if applicable)

If this debit memo contains a controlled product, then include the contact information for the Drug Enforcement Administration Form 222, such as:

- Company name, address, identifier*, contact name, phone, fax and e-mail.

14. MANUFACTURER

Provide information about the manufacturer whose product is being returned, including:

- Company name, address, identifier*, contact name, phone, fax and e-mail.

15. SHIP TO

Provide information about the destination for the returned product, including:

- Company name, address, identifier*, contact name, phone, fax and e-mail.

Returned Goods Debit Memo Template Instructions

DETAIL LEVEL

16. NATIONAL DRUG CODE (NDC)

- Indicate the 10 digit National Drug Code (NDC), a unique, three-segment number, which is a universal product identifier for human drugs. Format: 4-4-2, 5-3-2, or 5-4-1.

17. STRENGTH

- Indicate the product strength. (Note: This information could also be obtained from the second segment of the NDC.)

18. SIZE

- Provide the saleable unit package size. (Note: This information could also be obtained from the third segment of the NDC.)

19. PRODUCT NAME

- Provide the product trade name or catalog name.

20. LOT NUMBER

- Provide the product's lot number.

21. EXPIRATION DATE

- Provide the product's expiration date.

22. SERIAL NUMBER

- Provide the product's serialization number, if any.

23. FULL/PARTIAL

- Indicate whether this is a full or partial quantity.

24. SEAL

- Indicate whether the seal is intact.

25. QUANTITY

- Indicate the quantity. (Use decimals to indicate percentage, e.g., 75 percent as 0.75)

26. EXACT COUNT

- Indicate whether an exact count was made to obtain the quantity.

27. PRICE

- Indicate the price for one unit of the returned product.

Returned Goods Debit Memo Template Instructions

28. EXTENSION PRICE

- Indicate the price for all units of this returned product. (Quantity x Price)

29. REASON CODE

- Indicate the reason code for this returned product.

*Identifiers may include DUNS, DUNS+4, DEA, HIN, GLN, or reference number as assigned by seller/agent. DEA numbers should be used only as required by the Drug Enforcement Administration for controlled substances

Date: 5/8/2009	Return Type: Single Entity	
Debit Memo #: XYZ04806987150		
Total: \$7,633.72	Recalled Product Only? Yes	
# of Containers: 2	Controlled Product (CI)? Yes	
Total Unit Count: 31		
Originating Processor: Rx Returns R Us 109 Main Street Anchorage, AK 09876	Contact for Form 222: (if controlled) Rx Returns R Us 109 Main Street Anchorage, AK 09876	Originating Customer: XYZ Inc 123 Main Street Elk Grove, IL 60007
Identifier#: PM0123564 Contact: Christopher Frank Phone#: 800.123.4567 Fax#: 800.123.4568 E-mail: chrisfrank@rtf.com	Identifier#: PM0123564 Contact: Christopher Frank Phone#: 800.123.4567 Fax#: 800.123.4568 E-mail: chrisfrank@rtf.com	Identifier#: UL0125478523564 Contact: Joe Jones Phone#: 800.555.1212 Fax#: 800.555.1213 E-mail: jjones@XYZ.com
Manufacturer: Street Pharmaceuticals 1313 Mockingbird Lane. Baltimore, MD 06877	Credit To/Remit To: Mountain Drug 456 Easy Street Chicago, IL 69875	Ship To: MedCapitalcycle Inc. 666 Damian Lane Hohokus, NJ 07871
Identifier#: 12345600001 Contact: Thomas Brand Phone#: 800.123.4567 Fax#: 800.123.4568 E-mail: thomas.brand@streetpharm.com	Account #: 8006 Identifier#: 5678900001 Contact: Pete Smith Phone#: 888.127.6842 Fax#: 888.227.6845 E-mail: CustSvc@BBD.com	Identifier#: RS0230887 Contact: Lindsey Roberts Phone#: 888.111.2222 Fax#: 888.222.3333 E-mail: Lroberts@MedCap.com

National Drug Code (NDC)	Strength	Size	Product Name	Lot #	Exp Date	Serial #	Full/Partial	Seal	Qty	Exact Count	Price	Extension Price	Reason code
00597-0001-60	200/25MG	60 EA	AGGRENOX	502277	2/29/2008		P		0.68	\$ 50.00	\$ 34.17	Pricing Error	
00597-0070-17	0.65 MG/	1 x 10.0 ML	ALUPENT	050706W	9/30/2007		F		1.00	\$ 50.00	\$ 50.00	Dating	
00597-0086-76	0.06%	1 x 15.0 ML	ATROVENT	558545E	1/31/2008		F		1.00	\$ 50.00	\$ 50.00	Dating	
24208-0411-10	0.2%	1 x 10.0 ML	BRIMONIDINE OPHTHALMIC SOLUTION	87251	7/31/2008		F	Y	1.00	\$ 50.00	\$ 50.00	Misshipped	
00597-0006-01	0.1 MG	100 EA	CATAPRES	552563	5/31/2008		P		1.02	\$ 50.00	\$ 51.00	Over pack	
00555-0815-02	500 MG	100 EA	CIPROFLOXACIN	5400698	7/31/2008		P		0.02	\$ 50.00	\$ 1.00	Defective	
00597-0013-14		1 x 14.0 GM	COMBIVENT INHALATION AEROSOL	050531W	7/31/2007		F		1.00	\$ 50.00	\$ 50.00	Dating	
00168-0243-60	0.05%	1 x 60.0 GM	DIFLORASONE DIACETATE OINTMENT	X521	6/30/2008		F		1.00	\$ 5.00	\$ 5.00	Damaged in Transit	
00172-5411-46	100MG	30 EA	FLUCONAZOLE	Y60828	3/31/2008		F		1.00	\$ 2.50	\$ 2.50	Ordering Error	
00781-1453-10	10 MG	1000 EA	GLIPIZIDE	165150	7/31/2008		P		0.02	\$ 50.00	\$ 0.95	Excess Inventory	
00173-0523-00	20MG	6 x 1.0 EA	IMITREX NASAL SPRAY (SINGLE USE)	B025	7/31/2008		F		6.00	\$ 50.00	\$ 300.00	Label Problem	
99207-0015-30	0.77%	1 x 30.0 GM	LOPROX 0.77% CREAM	RAF025	7/31/2008		F		0.99	\$ 50.00	\$ 49.50	Pedigree invalid	
00597-0039-37	20MG	30 EA	MICARDIS	652810	2/29/2008		F		1.00	\$ 50.00	\$ 50.00	Dating	
00597-0040-28	40 MG	28 EA	MICARDIS (4 X 7TAB)	451746	11/30/2007		F		1.00	\$ 50.00	\$ 50.00	Misshipped	
00597-0190-90	1MG	90 EA	MIRAPEX	657244A	2/29/2008	12345678905101100	F		14.00	\$ 400.00	\$ 5,600.00	Defective	
00597-0029-01	7.5MG	100 EA	MOBIC (MELOXICAM)	5025297	2/29/2008		P		0.40	\$ 250.00	\$ 100.00	Ordering Error	
00597-0034-01	7.5MG/5M	1 x 100.0 ML	MOBIC ORAL SUSPENSION	5573271	8/31/2008		F		0.19	\$ 50.00	\$ 9.50	Dating	
00168-0270-46	0.1%	1 x 45.0 GM	MOMETASONE FUROATE	W4-5	6/30/2008		F		0.76	\$ 10.00	\$ 7.60	Dating	
00597-0019-01	75 MG	100 EA	PERSANTINE	53224	4/30/2008		F		1.00	\$ 100.00	\$ 100.00	Excess Inventory	
00093-7202-98	40MG	90 EA	PRAVASTATIN	P30106	6/30/2008		P		0.04	\$ 10.00	\$ 0.40	Ordering Error	
00186-0742-31	20MG	30 EA	PRIOSEC	F2125	7/31/2008		F		0.36	\$ 100.00	\$ 36.00	Misshipped	
68032-0146-40	6%	1 x 400.0 GM	RE SA 6% CREAM	5583	7/31/2008		F		1.00	\$ 50.00	\$ 50.00	Promotion	
00597-0075-47	18MCG	90 EA	SPIRIVA	702140A	7/31/2008		P		0.32	\$ 500.00	\$ 161.10	Overage	
66593-3126-02	250MG	20 EA	VANCOCCIN HCL	429932	7/31/2008		P		0.20	\$ 500.00	\$ 100.00	Cancel	
00597-0046-60	200MG	60 EA	VIRAMUNE 200MG TABLET	457934A	11/30/2007		P		1.25	\$ 500.00	\$ 625.00	Over pack	
00310-0209-20	2.5 MG	6 EA	ZOMIG-ZMT(ZOLMITRIPTAN)	MN0106	6/30/2008		F		1.00	\$ 100.00	\$ 100.00	Dating	

*Return Types:
Single Entity: One manufacturer; one or multiple products; one customer

Sub Total	\$ 7,633.72
Return Handling Fees:	
Return Freight Fees:	
Total:	\$ 7,633.72

Date: 5/23/2008	Return Type: Batch/Trade Class	
Debit Memo #: BBD04806987150		
Total: \$7,663.72	Recalled Product Only?	
# of Containers: 2	Controlled Product (CI)?	
Total Unit Count: 31		
Originating Processor: Rx Returns R Us 109 Main Street Anchorage, AK 09876	Contact for Form 222: (if controlled)	Originating Customer: Batch (Retail)
Identifier#: PM0123564	Identifier#:	Identifier#:
Contact: Christopher Frank	Contact:	Contact:
Phone#: 800.123.4567	Phone#:	Phone#:
Fax#: 800.123.4568	Fax#:	Fax#:
E-mail: chrisfrank@rtf.com	E-mail:	E-mail:
Manufacturer: Street Pharmaceuticals 1313 Mockingbird Lane. Baltimore, MD 06877	Credit To/Remit To: Mountain Drug 456 Easy Street Chicago, IL 69875	Ship To: MedCapItalcycle Inc. 666 Damian Lane Hohokus, NJ 07871
Identifier#: 123456000001	Account #: 8006	Identifier#: RS0230887
Contact: Thomas Brand	Identifier#: 56789000001	Contact: Lindsey Roberts
Phone#: 800.123.4567	Contact: Pete Smith	Phone#: 888.111.2222
Fax#: 800.123.4568	Phone#: 800.123.4567	Fax#: 888.222.3333
E-mail: thomas.brand@streetpharm.com	Fax#: 800.123.4568	E-mail: Lroberts@MedCap.com
	E-mail: CustSvc@BBD.com	

National Drug Code (NDC)	Strength	Size	Product Name	Lot #	Exp Date	Serial #	Full/Partial	Seal	Qty	Exact Count	Price	Extension Price	Reason code
00597-0001-60	200/25MG	60 EA	AGGRENOX	502277	2/29/2008		P		0.68	\$ 50.00	\$ 34.17	Pricing Error	
00597-0070-17	0.65 MG/	1 x 10.0 ML	ALUPENT	050706W	9/30/2007		F		1.00	\$ 50.00	\$ 50.00	Dating	
00597-0086-76	0.06%	1 x 15.0 ML	ATROVENT	558545E	1/31/2008		F		1.00	\$ 50.00	\$ 50.00	Dating	
24208-0411-10	0.2%	1 x 10.0 ML	BRIMONIDINE OPHTHALMIC SOLUTION	87251	7/31/2008		F	Y	1.00	\$ 50.00	\$ 50.00	Misshipped	
00597-0006-01	0.1 MG	100 EA	CATAPRES	552563	5/31/2008		P		1.02	\$ 50.00	\$ 51.00	Over pack	
00555-0815-02	500 MG	100 EA	CIPROFLOXACIN	540167	7/31/2008		P		0.02	\$ 50.00	\$ 1.00	Defective	
00597-0013-14		1 x 14.0 GM	COMBIVENT INHALATION AEROSOL	050531W	7/31/2007		F		1.00	\$ 50.00	\$ 50.00	Dating	
00168-0243-60	0.05%	1 x 60.0 GM	DIFLORASONE DIACETATE OINTMENT	X521	6/30/2008		F		1.00	\$ 5.00	\$ 5.00	Damaged in Transit	
00172-5411-46	100MG	30 EA	FLUCONAZOLE	Y60828	3/31/2008		F		1.00	\$ 2.50	\$ 2.50	Ordering Error	
00781-1453-10	10 MG	1000 EA	GLIPIZIDE	165150	7/31/2008		P		0.02	\$ 50.00	\$ 0.95	Excess Inventory	
00173-0523-00	20MG	6 x 1.0 EA	IMITREX NASAL SPRAY (SINGLE USE)	B025	7/31/2008		F		6.00	\$ 50.00	\$ 300.00	Label Problem	
99207-0015-30	0.77%	1 x 30.0 GM	LOPROX 0.77% CREAM	RAF025	7/31/2008		F		0.99	\$ 50.00	\$ 49.50	Pedigree invalid	
00597-0039-37	20MG	30 EA	MICARDIS	652810	2/29/2008		F		1.00	\$ 50.00	\$ 50.00	Dating	
00597-0040-28	40 MG	28 EA	MICARDIS (4 X 7TAB)	451746	11/30/2007		F		1.00	\$ 50.00	\$ 50.00	Misshipped	
00597-0190-90	1MG	90 EA	MIRAPEX	657244A	2/29/2008		F		14.00	\$ 400.00	\$ 5,600.00	Defective	
00597-0029-01	7.5MG	100 EA	MOBIC (MELOXICAM)	502529N	2/29/2008		P	Y	0.40	\$ 250.00	\$ 100.00	Ordering Error	
00597-0034-01	7.5MG/5M	1 x 100.0 ML	MOBIC ORAL SUSPENSION	557327V	8/31/2008		F		0.19	\$ 50.00	\$ 9.50	Dating	
00168-0270-46	0.1%	1 x 45.0 GM	MOMETASONE FUROATE	W445	6/30/2008		F		0.76	\$ 10.00	\$ 7.60	Dating	
00597-0019-01	75 MG	100 EA	PERSANTINE	552224	4/30/2008		F		1.00	\$ 100.00	\$ 100.00	Excess Inventory	
00093-7202-98	40MG	90 EA	PRAVASTATIN	P30106	6/30/2008		P		0.04	\$ 10.00	\$ 0.40	Ordering Error	
00186-0742-31	20MG	30 EA	PRIOSEC	F2125	7/31/2008		F		0.36	\$ 100.00	\$ 36.00	Misshipped	
68032-0146-40	6%	1 x 400.0 GM	RE SA 6% CREAM	5583	7/31/2008		F		1.00	\$ 50.00	\$ 50.00	Promotion	
00597-0075-47	18MCG	90 EA	SPIRIVA	702140A	7/31/2008		P		0.32	\$ 500.00	\$ 161.10	Overage	
66593-3126-02	250MG	20 EA	VANCOICIN HCL	429932	7/31/2008		P	Y	0.20	\$ 500.00	\$ 100.00	Cancel	
00597-0046-60	200MG	60 EA	VIRAMUNE 200MG TABLET	457934A	11/30/2007		F		1.25	\$ 500.00	\$ 625.00	Over pack	
00310-0209-20	2.5 MG	6 EA	ZOMIG-ZMT(ZOLMITRIPTAN)	MN0106	6/30/2008		F		1.00	\$ 100.00	\$ 100.00	Dating	

*Return Types:
 Batch by Class of Trade One manufacturer's products grouped in a batch by customer's trade class. **Total: \$ 7,633.72**

Date: 5/23/2008	Return Type: Batch/Multi Title
Debit Memo #: BBD04806987150	
Total: \$7,663.72	
# of Containers: 1	Recalled Product Only?
Total Unit Count: 31	Controlled Product (CII)?

Originating Processor: Rx Returns R Us 109 Main Street Anchorage, AK 09876 Identifier#: PM0123564 Contact: Christopher Frank Phone#: 800.123.4567 Fax#: 800.123.4568 E-mail: chrisfrank@rtf.com	Customer: Blue Bird Distribution (Retail) 123 Main Street Wausau, WI 11111 Identifier#: MP4578963 Contact: Paula Cote Phone#: 800.123.7654 Fax#: 800.123.8654 E-mail: paula@bbd.com	
Manufacturer: Street Pharmaceuticals 1313 Mockingbird Lane. Baltimore, MD 06877 Identifier#: 12345600001 Contact: Thomas Brand Phone#: 800.123.4567 Fax#: 800.123.4568 E-mail: thomas.brand@streetpharm.com	Credit To/Remit To: Mountain Drug 456 Easy Street Chicago, IL 69875 Account #: 8006 Identifier#: 56789000001 Contact: Pete Smith Phone#: 888.999.8888 Fax#: 888.888.9999 E-mail: CustSvc@BBD.com	Ship To: MedCapitalcycle Inc. 666 Damian Lane Hohokus, NJ 07871 Identifier#: RS0230887 Contact: Lindsey Roberts Phone#: 888.111.2222 Fax#: 888.222.3333 E-mail: Lroberts@MedCap.com

Originating Customer: Fighting Irish Pharmacy 123 Main Street South Bend, IN 40007 Identifier#: DD0123564 Contact: Bill O'Shaunessy Phone#: 800.555.1212 Fax#: 800.555.1213 E-mail: bill@irish.com	Debit Memo # : BBD04806987150 # of Containers: 1 Total Unit Count: 3	
---	---	--

National Drug Code (NDC)	Strength	Size	Product Name	Lot #	Exp Date	Serial #	Full/Partial	Exact Qty	Price	Extension Price	Reason code
00597-0001-60	200/25MG	60 EA	AGGRENEX	502277	2/29/2008		P	0.68	\$ 50.00	\$ 34.00	
00597-0070-17	0.65 MG/	1 x 10.0 ML	ALUPENT	050706W	9/30/2007		F	1.00	\$ 50.00	\$ 50.00	
00597-0086-76	0.06%	1 x 15.0 ML	AIROVENI	558545E	1/31/2008		F	1.00	\$ 50.00	\$ 50.00	
Total										\$ 134.00	

Originating Customer: Hartland Pharmacy 123 Main Street Hartland, WI 66666 Identifier#: PG8712958 Contact: Robert Weston Phone#: 800.123.4567 Fax#: 800.123.4568 E-mail: weston@hartland.com	Debit Memo # : BBD04806987150 # of Containers: 1 Total Unit Count: 7	
---	---	--

National Drug Code (NDC)	Strength	Size	Product Name	Lot #	Exp Date	Serial #	Full/Partial	Exact Qty	Price	Extension Price	Reason code
24208-0411-10	0.20%	1 x 10.0 ML	BRIMONIDINE OPHTHALMIC SOLUTION	87251	7/31/2008		F	1.00	\$ 50.00	\$ 50.00	
00597-0006-01	0.1 MG	100 EA	CATAPRES	552563	7/31/2008		P	1.02	\$ 50.00	\$ 51.00	Over Pack
00555-0815-02	500 MG	100 EA	CIPROFLOXACIN	5400698	7/31/2008		P	0.02	\$ 50.00	\$ 1.00	
00597-0013-14		1 x 14.0 GM	COMBIVENT INHALATION AEROSOL	050531W	7/31/2007		F	1.00	\$ 50.00	\$ 50.00	
00168-0243-60	0.05%	1 x 60.0 GM	DIFLORASONE DIACETATE OINTMENT	X521	6/30/2008		F	1.00	\$ 5.00	\$ 5.00	
00172-5411-46	100MG	30 EA	FLUCONAZOLE	Y60828	3/31/2008		F	1.00	\$ 2.50	\$ 2.50	
00781-1453-10	10 MG	1000 EA	GLIPIZIDE	165150	7/31/2008		P	0.02	\$ 50.00	\$ 0.95	
Total										\$ 160.45	

Sample Data Only

Originating Customer: Frisco Pharmacy
 123 Main Street
 Frisco, TX 10001

Identifier#: ZYX123564
Contact: Murray Lee
Phone#: 800.123.4567
Fax#: 800.123.4568
E-mail: murraylee@friscopharm.com

Debit Memo # : BBD04806987150

of Containers: 1

Total Unit Count: 11

National Drug Code (NDC)	Strength	Size	Product Name	Lot #	Exp Date	Serial #	Full/Partial	Qty	Exact Count	Price	Extension Price	Reason code
00173-0523-00	20MG	6 x 1.0 EA	IMITREX NASAL SPRAY (SINGLE USE)	B025	7/31/2008		F	6.00		\$ 50.00	\$ 300.00	
99207-0015-30	0.77%	1 x 30.0 GM	LOPROX 0.77% CREAM	RAF025	7/31/2008		F	0.99		\$ 50.00	\$ 49.50	
00597-0039-37	20MG	30 EA	MICARDIS	652810	2/29/2008		F	1.00		\$ 50.00	\$ 50.00	
00597-0040-28	40 MG	28 EA	MICARDIS (4 X 7TAB)	451746	11/30/2007		F	1.00		\$ 50.00	\$ 50.00	
00597-0190-90	1MG	90 EA	MIRAPEX	657244A	2/29/2008		F	14.00		\$ 400.00	\$ 5,600.00	
00597-0029-01	7.5MG	100 EA	MOBIC (MELOXICAM)	502529N	2/29/2008		P	0.40		\$ 250.00	\$ 100.00	
Total										\$ 6,149.50		

Originating Customer: Big Apple Pharmacy
 123 Broadway
 New York, NY 50005

Identifier#: STX123564
Contact: Diane Allen
Phone#: 800.123.4567
Fax#: 800.123.4568
E-mail: Email

Debit Memo # : BBD04806987150

of Containers: 1

Total Unit Count: 10

National Drug Code (NDC)	Strength	Size	Product Name	Lot #	Exp Date	Serial #	Full/Partial	Qty	Exact Count	Price	Extension Price	Reason code
00597-0034-01	7.5MG/5M	1 x 100.0 ML		557327V	8/1/2008		F	0.19		\$ 50.00	\$ 9.50	
00168-0270-46	0.1%	1 x 45.0 GM	MOMETASONE FUROATE	W445	6/30/2008		F	0.76		\$ 10.00	\$ 7.60	
00597-0019-01	75 MG	100 EA	PERSANTINE	552224	4/30/2008		F	1.00		\$ 100.00	\$ 100.00	
00093-7202-98	40MG	90 EA	PRAVASTATIN	P30106	6/30/2008		P	0.04		\$ 10.00	\$ 0.40	
00186-0742-31	20MG	30 EA	PRILOSEC	F2120	7/31/2008		F	0.36		\$ 100.00	\$ 36.00	
68032-0146-40	6%	1 x 400.0 GM	RE SA 6% CREAM	70713	7/31/2008		F	1.00		\$ 50.00	\$ 50.00	
00597-0075-47	18MCG	90 EA	SPIRIVA	707140A	7/31/2008		P	0.32		\$ 500.00	\$ 161.10	
66593-3126-02	250MG	20 EA	VANCOCCIN HCL	429932	7/31/2008		P	0.20		\$ 500.00	\$ 100.00	
00597-0046-60	200MG	60 EA	VIRAMUNE 200MG TABLET	457934A	11/30/2007		F	1.25		\$ 500.00	\$ 625.00	Over Pack
00310-0209-20	2.5 MG	6 EA	ZOMIG-ZMT(ZOLMITRIPTAN)	MN0106	6/30/2008		F	1.00		\$ 100.00	\$ 100.00	
Total										\$ 1,089.60		

Debit Memo Total \$ 7,533.55

***Return Types:**
Batch with Customer Entity Detail: Multiple products from one manufacturer; multiple customers; customer detail is known.