

**CEW**  
**(TUV Electronic Worksheet)**

**THE FOLLOWING ILLUSTRATES THE CONCEPT OF SALES / USE CASES BEING  
THOUGHT-THROUGH TO PRODUCE SCREEN SPECIFICATIONS.**

**SEE ALSO MASTER TEMPLATE AT END.**

**Sales Case #1:** Replacing all items, deductible paid by credit card.

INSURANCE COMPANY INFORMATION [MOM Bill-To / Customer Setup]

Acct. # \_12345\_\_\_\_\_

Ins. Co \_Shelter Insurance\_\_\_\_\_

Adj. Name \_Shelly McCormack\_\_\_\_\_

Phone: \_800-742-7759\_\_\_\_\_

Fax: \_402-488-6851\_\_\_\_\_

INSURED INFORMATION [MOM Shipping Address]

ADDRESS:

Insured Name \_Keith Wiese\_\_\_\_\_

Address \_1726 Ave. B.\_\_\_\_\_

City \_Plattsmouth\_\_\_\_\_

State \_NE\_\_\_\_\_

Zip \_68048\_\_\_\_\_

Home Phone # \_555-555-555\_\_\_\_\_

Alt / Fax # \_\_\_\_\_

CLAIM INFORMATION

Order # \_MOM generated

Date \_4/15/99\_\_

Time \_MOM generated

Claim # \_267128217091\_\_\_\_\_

Coverage Type \_RC\_\_

Deductible Amount \$ 250\_\_\_\_\_

Deductible Handling Code\_\_\_\_\_ PHPCC = Policy Holder pays with credit card \_\_\_\_\_

Deductible Comments / Special Instructions:

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Deductible Instructions Provided by: \_\_\_\_\_

Date & time instructions provided: \_\_\_\_\_

CLAIM LIMITS SUB SCREEN

Claim Limits? N\_\_

Select Product Category Code to Limit \_\_\_\_\_

Claim Limit for this Product Category Code \_\_\_\_\_

LINE ITEMS

Loss Inventory Sequence	QTY	TUV Model	Item Description	Price	Item Disposition Code	Extended Price
1L	2		Military Tool Bags	\$20.00		
1R	2	MKT 1113	U.S. Govt. Tool Bag	\$14.00	R	\$28.00
2L	1		28MM Wide Angle Lens	\$0		
2R	1	PE288035	Pentax 28mm to 80mm Wide Angle Lens	\$169.00	R	\$169.00
3L	1	2800	Vivitar Flash	\$0		
3R	1	VI 2800 P	Vivitar Flash	\$56.50	R	\$56.50
4L						
4R	1	Ded 250	Deductible	-\$250.00	D	-\$250.00
5L						
5R						
6L						
6R						

Line Item Detail Tab

MFR Model # \_MKT 1113\_\_\_\_\_

Product Category Code and Description \_I Tools\_\_\_\_\_

Purchase Source \_CTD\_\_\_\_\_

Purchase Source Item Number MKT 1113\_\_\_\_\_

Confirmed In Stock \_y\_

Item Weight \_5 lb.\_

Freight In \_\$5.00\_\_

Mfr.'s List Price \$20.00\_\_\_\_\_

Net Cost from Purchase Source \$8.97\_\_\_\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_NA\_\_\_\_\_

Do You Want Comments to print on invoice? \_N



Line Item Detail Tab

MFR Model #\_PE 2880 35 IAG\_\_\_\_\_

Product Category Code and Description \_J Camera & Access.\_\_\_\_\_

Purchase Source \_B & H\_\_\_\_\_

Purchase Source Item Number PE 2880 35 IAG\_\_\_\_\_

Confirmed In Stock \_y\_

Item Weight \_1 lb.\_

Freight In \_\$5.00\_\_

Mfr.'s List Price \$178.68\_\_\_\_\_

Net Cost from Purchase Source \$139.95\_\_\_\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_NA\_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_VI 2800 P\_\_\_\_\_

Product Category Code and Description \_J\_Camera & Access\_\_\_\_\_

Purchase Source \_B & H\_\_\_\_\_

Purchase Source Item Number VI 2800 P\_\_\_\_\_

Confirmed In Stock \_y\_

Item Weight \_1 lb.\_

Freight In \_\$3.50\_\_

Mfr.'s List Price \$78.00\_\_\_\_\_

Net Cost from Purchase Source \$39.95\_\_\_\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_NA\_\_\_\_\_

Do You Want Comments to print on invoice? \_N

WORKSHEET TOTALS ON-SCREEN

Total Freight In \$13.50

Total Net Cost from purchase source of all replaced items \$197.84

Total Handling Charge from all line items \$9.00

**Merchandise Total For Replacement Items: \$253.50**

**Shipping & Handling For Replacement Items: \$28.50**

**Sales Tax For Replacement Items: \$22.56**

**Total For Replacement Items: \$304.56**

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**Merchandise Total For Non-Replacing Items: \$0**

**Shipping & Handling For Non-Replacing Items: \$0**

**Sales Tax For Non-Replacing Items: \$0**

**Deductible \$250.00**

**Total Due This Invoice: \$54.56**

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Gross Profit \_\$46.66\_\_\_\_\_

Gross Profit \_18.0\_\_\_%

Subtotals for Categories with Limits \_\_NA\_\_\_\_\_

ORDER FINAL APPROVAL

Order Approval Code \_SSR\_

Create Policyholder Invoice? \_Y\_

(Sample Adjuster Invoice for Sales Case #1: Replacing all items, deductible paid by credit card)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order # 10534A		Invoice Date 06/22/99	Page 1
Bill To: Shelly McCormack Shelter Insurance P. O. Box 4150 Tauton, MA 02760-0155		Ship To: Keith Wiese 1726 Ave. B. Plattsmouth, NE 68048	
Customer No. MOM generated	Sales I.D. JU	Claim # 26712821709 1	Source Terms Net 30

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	Ds	Amount
2	0	2	1	L	Military Tool Bags	\$20.00		\$0
2	0	2	1	R	U.S. Govt Tool Bag	\$14.00		\$28.00
1	0	1	2	L	28mm wide angle lens	\$0		\$0
1	0	1	2	R	Pentax 28mm to 80mm W/A lens	\$169.0		\$169.00
1	0	1	3	L	Vivitar flash	\$0		\$0
1	0	1	3	R	Vivitar flash	\$56.50		\$56.50

**Merchandise Total:** \$253.50  
**Shipping & Handling:** \$28.50  
**State Sales Tax:** \$22.56  
**Total for Replacement Items:** \$304.56

-----Limits, Deductibles and Non-Replacing Items-----

-

\$0.00

**Shipping & Handling**

**State Sales Tax:** \$0.00

**Subtotal:** \$304.56

1	0	1	4	D	Deductible	-250.00		-\$250.00
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**Total Due This Invoice:** \$54.56

(Sample Policy Holder Invoice for Sales Case #1: Replacing all items, deductible paid by credit card)

**B.A. Jones11, Inc.**  
**TUV**  
**8403 Sterling Street**  
**Irving, TX 75063**

Order # 777777		Invoice Date 06/22/99	Page 1
Bill To: Keith Wiese 1726 Ave. B. Plattsmouth, NE 68048		Ship To: Keith Wiese 1726 Ave. B. Plattsmouth, NE 68048	
Customer No. MOM generated	Sales I.D JU	Claim # 26712821709 1	Source Terms Credit Card

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
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**Merchandise Total:** \$0.00  
**Shipping & Handling:** \$0.00  
**State Sales Tax:** \$0.00  
**Total for Replacement Items:** \$0.00

-----Limits, Deductibles and Non-Replacing Items-----

-

\$0.00 **Shipping & Handling**

**State Sales Tax:** \$0.00

**Subtotal:** \$0.00

1	0	1	4	D	Deductible for Claim # 267128217091	\$250.00	\$250.00
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**Total Due This Invoice:** \$250.00

Sales Case Notes / Issues

- How should we show credit card payment on PH Invoice?

**CEW**  
**(TUV Electronic Worksheet)**

**Sales Case #2:** Not replacing all items.



INSURANCE COMPANY INFORMATION [MOM Bill-To / Customer Setup]

Acct. # \_MOM generated\_\_\_\_\_

Ins. Co \_Hartford\_\_\_\_\_

Adj. Name \_Springer, Dale\_\_\_\_\_

Phone: \_800-368-3562 Ext. 6190\_\_\_\_\_

Fax: \_703-818-0786\_\_\_\_\_

INSURED INFORMATION [MOM Shipping Address]

ADDRESS:

Insured Name \_Nexgan Solution\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Alt / Fax # \_\_\_\_\_

CLAIM INFORMATION

Order # \_MOM generated\_\_\_\_\_

Date \_5/21/99\_\_\_\_\_

Time \_9:00 A.M.\_\_\_\_\_

Claim # \_\_BJH 8516\_\_\_\_\_

Coverage Type \_RC\_\_\_\_\_

Deductible Amount \$ \_\_0\_\_\_\_\_

Deductible Handling Code\_\_\_\_\_NA\_\_\_\_\_

Deductible Comments / Special Instructions:

\_\_\_\_\_

Deductible Instructions Provided by: \_\_\_\_\_

Date & time instructions provided: \_\_\_\_\_

CLAIM LIMITS SUB SCREEN

Claim Limits? N\_\_

Select Product Category Code to Limit \_\_\_\_\_

Claim Limit for this Product Category Code \_\_\_\_\_

LINE ITEMS

Loss Inventory Sequence	QTY	TUV Model	Item Description	Price	Item Disposition Code	Extended Price
1L	1		Contura 430 C Compaq Notebook, 16MB, 28.8 modem	\$0		
1R	1	107601	Compaq Presario AMD K62/333, 64MB	\$1990.00	NRFQ	\$0
2L	1		Xircom Ethernet 10/100 56K modem combo card	\$0		
2R	1		Xircom Ethernet 10/100 56K modem card included with above	\$0	NRFQ	\$0
3L	1		Think Pad 760 XL IBM Notebook	\$0		
3R	1	954972U	IBM Think Pad Notebook	\$3786.03	NRFQ	\$0
4L						
4R						
5L						
5R						
6L						
6R						

Line Item Detail Tab

MFR Model # \_\_Presario 1260\_\_

Product Category Code and Description \_H Computers & Access.\_

Purchase Source \_\_PC Connection\_\_

Purchase Source Item Number \_\_107601\_\_

Confirmed In Stock \_Y\_

Item Weight \_15 lbs.\_

Freight In \_\$25.00\_\_

Mfr.'s List Price \_\_\$2587.00\_\_

Net Cost from Purchase Source \_\_\$1744.00\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_770 XD Think Pad\_\_\_\_\_

Product Category Code and Description \_\_\_\_\_H Computers & Access.\_\_\_\_

Purchase Source \_Ingram Micro\_

Purchase Source Item Number \_954972U\_

Confirmed In Stock \_Y\_

Item Weight \_15 lbs.\_

Freight In \_\$25.45\_\_

Mfr.'s List Price \_\$4921.84\_\_

Net Cost from Purchase Source \_\_\$3633.00\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

WORKSHEET TOTALS ON-SCREEN

Total Freight In \_\_\_\_\$0\_\_\_\_\_

Total Net Cost from purchase source of all replaced items \_\_\_\_\$0\_\_\_\_\_

Total Handling Charge from all line items \_\_\_\_\$0\_\_\_\_\_

**Merchandise Total For Replacement Items:** \_\_\_\_\$0\_\_\_\_\_

**Shipping & Handling For Replacement Items:** \_\_\_\_\$0\_\_\_\_\_

**Sales Tax For Replacement Items:** \_\_\_\_\$0\_\_\_\_\_

**Total For Replacement Items:** \_\_\_\_\$0\_\_\_\_\_

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**Merchandise Total For Non-Replacing Items:** \_\_\_\_\$0\_\_\_\_\_

**Shipping & Handling For Non-Replacing Items:** \_\_\_\_\$0\_\_\_\_\_

**Sales Tax For Non-Replacing Items:** \_\_\_\_\$0\_\_\_\_\_

**Deductible** \_\_\_\_\$0\_\_\_\_\_

**Total Due This Invoice:** \_\_\_\_\$0\_\_\_\_\_

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Gross Profit \_\_\_\_\$0\_\_\_\_\_

Gross Profit \_\_\_\_0\_%

Subtotals for Categories with Limits \_\_\_\_0\_\_\_\_\_



ORDER FINAL APPROVAL

Order Approval Code \_SMGR\_

Create Policyholder Invoice? \_N\_

(Sample Adjuster Invoice for Sales Case #2: Not replacing all items.)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order # 10534A				Invoice Date 06/22/99	Page 1
Bill To: Dale Springer Hartford Insurance 1234 Main St. Concord, NH			Ship To: Nexgan		
Customer No. MOM generated	Sales I.D. MOM generated	Claim # BJH 8516	Source	Terms Quotation	

Qty	B/O	Ship	Loss Inventory Sequence	Item Code i	Description	Un. Price	D s	Amount
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**Merchandise Total:** 0  
**Shipping & Handling:** 0  
**State Sales Tax:** 0  
**Total for Replacement Items:** 0

-----Limits, Deductibles and Non-Replacing Items-----

1	0	0	1	L	Contura 430 C Compaq Notebook, 16MB, Modem	\$0		\$0
1	0	0	1	NR	Compaq Presario AMD K621333, 64MB	\$1990.00		\$0
1	0	0	2	L	Xircom Ethernet 10/100 56K modem combo card	\$0		\$0
1	0	0	2	NR	Xircom Ethernet 10/100 56K Modem card included with above	\$0		\$0
1	0	0	3	L	Think Pad 760 XL IBM Notebook	\$0		\$0
1	0	0	3	NR	IBM Think Pad Notebook	\$3786.03		\$0

\$0.00	<b>Shipping &amp; Handling</b>	
	<b>State Sales Tax:</b>	0
	<b>Subtotal:</b>	0
	Deductible	0
	<b>Total Due This Invoice:</b>	0

Sales Case Notes / Issues

Note: No Policy Holder Invoice needed

## Notes / Issues / Business Rules

**Logic Change:** Our business rules allow us to invoice a customer at an earlier point than MOM allows. We wish to print invoices as soon as our sales people finalize the quotation. We do not wish to wait until POs are placed or items are shipped.

**Quotes:** The CEW needs to retain standard MOM Quote capabilities (save order as either quote or order, convert from quote to order and back, etc.)

**Security Rights for CEW:** tbd

- Caution on giving sales reps too much latitude

**Screen Navigation:** Must be easily able to move between line items, detail and total screens

**Purchase Source:** Need Pop-up with options and free form notes, security allows only authorized admin. to add new

**Transfer Fees:** Entered as a separate line item

**CEW**  
**(TUV Electronic Worksheet)**

**Sales Case #3:** Item held for deductible, One lost item being replaced by multiple items.

INSURANCE COMPANY INFORMATION [MOM Bill-To / Customer Setup]

Acct. # \_\_\_678910\_\_\_

Ins. Co \_\_\_Trust Insurance\_\_\_

Adj. Name \_\_\_Ken Fichtenmeyer\_\_\_\_\_

Phone: \_\_\_888-821-7426\_\_\_

Fax: \_\_\_508-871-7344\_

INSURED INFORMATION [MOM Shipping Address]

ADDRESS:

Insd Name \_\_ET Landscaping, Attn: Eric\_\_

Address \_\_1276 Somerset Ave.\_\_\_\_

City \_\_\_\_Dighton\_\_\_\_\_

State \_\_MA\_\_\_\_\_

Zip \_\_02715\_\_

Home Phone # \_\_508-669-6473\_\_

Alt / Fax # \_\_508-669-6716\_\_

CLAIM INFORMATION

Order # \_\_891011\_\_

Date \_\_5/3/99\_\_

Time \_1:30 P.M.\_\_

Claim # \_\_CM 02028001\_\_

Coverage Type \_\_RC\_\_

Deductible Amount \$\_500\_\_

Deductible Handling Code \_\_DEDNRI Deductible Paid by Not Replacing an Item\_\_

Deductible Comments / Special Instructions:

\_\_\_\_\_

Deductible Instructions Provided by: \_\_\_\_\_

Date & time instructions provided: \_\_\_\_\_



CLAIM LIMITS SUB SCREEN

Claim Limits? \_N\_

Select Product Category Code to Limit \_\_\_\_\_

Claim Limit for this Product Category Code \_\_\_\_\_

## LINE ITEMS

Loss Inventory Sequence	QTY	TUV Model	Item Description	Price	Item Disposition Code	Extended Price
<b>1L</b>	2		Husqurna Chainsaw, 18"	704.00		
<b>1R</b>	2	371 XP	Husqurna Chainsaw, 18"	664.00	R	1328.00
<b>2L</b>	2		Husqurna Chainsaw, 36"	1169.95		
<b>2R</b>	2	3120 XP	Husqurna Chainsaw, 36"	1269.00	R	2538.00
<b>3L</b>	1		Chainsaw, 19"	614.95		
<b>3R</b>	1	INR	Item not replaced, used for deductible	615.95	NRUFD	614.95
<b>4L</b>	1		Pocket Dan Cut Off Saw	899.00		
<b>4R</b>	1	TS 400	Stihl Cut Off Saw	869.00	R	869.00
<b>5L</b>	1		Ingersol Rand Air Compressor	1855.00		
<b>5R</b>	1	2475 FIIG	Ingersol Rand Air Compressor	1849.00	R	1849.00
<b>6L</b>	1		Craftsman Tool Set	2524.99		
<b>6R1</b>	1	46485	Craftsman Tool Set	1725.00	R	1725.00
<b>6R2</b>	1	400-11	Craftsman Tool Cabinet	399.00	R	399.00
<b>6R3</b>	1	400-15	Craftsman Tool Cabinet on rollers	275.00	R	275.00
<b>7D</b>	1	Ded 500	Deductible, \$500	-500.00	D	-500.00

Line Item Detail Tab

MFR Model # \_\_371 XP\_\_

Product Category Code and Description \_\_\_\_I Tools\_\_\_\_\_

Purchase Source \_\_Ed's Lawn & Garden\_\_

Purchase Source Item Number \_\_371 XP\_\_

Confirmed In Stock \_Y\_

Item Weight \_20 lb.\_

Freight In \_\$40.00\_\_

Mfr.'s List Price \_\$709.65\_\_

Net Cost from Purchase Source \_\_567.72\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_\_\_3120 XP\_\_\_

Product Category Code and Description \_\_\_I Tools\_\_\_\_\_

Purchase Source \_\_\_Ed's Lawn & Garden\_\_\_\_\_

Purchase Source Item Number \_3120 XP\_\_\_

Confirmed In Stock \_Y\_

Item Weight \_35 lb.\_

Freight In \_\$60.00\_\_\_

Mfr.'s List Price \_\_\$1370.83\_\_\_

Net Cost from Purchase Source \_\$1096.66\_\_\_

Handling Charge per Item \$3.00\_\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_\_\_TS 400\_\_\_

Product Category Code and Description \_\_\_\_\_I Tools\_\_\_\_\_

Purchase Source \_\_\_Smith Farm & Garden\_\_\_\_\_

Purchase Source Item Number \_\_\_TS 400\_\_\_

Confirmed In Stock \_Y\_

Item Weight \_20 lb.\_

Freight In \_\$35.00\_\_\_

Mfr.'s List Price \_\$901.95\_\_\_

Net Cost from Purchase Source \_\$721.56\_\_\_\_\_

Handling Charge per Item \$3.00\_\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_\_2475 FIIG\_\_

Product Category Code and Description \_\_\_\_\_ I Tools\_\_\_\_\_

Purchase Source \_\_\_\_Northern\_\_\_\_

Purchase Source Item Number \_\_2475 FIIG\_\_

Confirmed In Stock \_Y\_

Item Weight \_70 lb.\_

Freight In \_\$105.00\_\_

Mfr.'s List Price \_\_\$2124.99\_\_

Net Cost from Purchase Source \_\_\$1699.99\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_\_46485\_\_

Product Category Code and Description \_\_\_\_\_ I Tools\_\_\_\_\_

Purchase Source \_\_\_\_Sears IND\_\_\_\_\_

Purchase Source Item Number \_\_46485\_\_

Confirmed In Stock \_Y\_

Item Weight \_130 lbs\_

Freight In \_\$40.00\_\_

Mfr.'s List Price \_\$1824.99\_\_

Net Cost from Purchase Source \_\$1519.99\_\_\_\_\_

Handling Charge per Item \$3.00\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

Line Item Detail Tab

MFR Model # \_\_\_400-11\_\_\_\_\_

Product Category Code and Description \_\_\_I Tools\_\_\_\_\_

Purchase Source \_\_\_\_\_Sears IND\_\_\_\_\_

Purchase Source Item Number \_\_\_\_\_400-11\_\_\_\_\_

Confirmed In Stock \_Y\_

Item Weight \_\_\_30 lbs\_\_\_\_\_

Freight In \_\_\_\_\_20.00\_\_\_\_\_

Mfr.'s List Price \_\_\_400.00\_\_\_\_\_

Net Cost from Purchase Source \_\_\_\_\_300.00\_\_\_\_\_

Handling Charge per Item \_\_\_\_\_0.00\_\_\_\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N



Line Item Detail Tab

MFR Model # \_\_400-15\_\_\_\_\_

Product Category Code and Description \_\_\_\_I Tools\_\_\_\_\_

Purchase Source \_\_\_\_\_Sears IND\_\_\_\_\_

Purchase Source Item Number \_\_\_\_400-15\_\_\_\_\_

Confirmed In Stock \_Y\_

Item Weight \_\_\_\_\_32 lbs\_\_\_\_\_

Freight In \_\_\_\_\_17.00\_\_\_\_\_

Mfr.'s List Price \_\_\_\_\_300.00\_\_\_\_\_

Net Cost from Purchase Source \_\_\_\_\_200.00\_\_\_\_\_

Handling Charge per Item \_\_\_\_-\_\_\_\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N

## WORKSHEET TOTALS ON-SCREEN

Total Freight In \_\$317.00\_\_\_\_\_

Total Net Cost from purchase source of all replaced items \_\_\$7766.30\_\_\_\_\_

Total Handling Charge from all line items \_\_\$15.00\_\_\_\_\_

**Merchandise Total For Replacement Items: \_\_\$8983.00\_\_\_\_\_****Shipping & Handling For Replacement Items: \_\_\$649.00\_\_\_\_\_****Sales Tax For Replacement Items: \_\_\$770.56\_\_\_\_\_****Total For Replacement Items \_\_\$1042.56\_\_\_\_\_**

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**Merchandise Total For Non-Replacing Items \_\_\_\_\$614.95\_\_\_\_\_****Shipping & Handling For Non-Replacing Items: \_\_\_\_\_0\_\_\_\_\_****Sales Tax For Non-Replacing Items \_\_\_\_\$ 49.20\_\_\_\_\_****Deductible\_\_-\$500\_\_\_\_\_****Total Due This Invoice \_\_\_\_1206.71\_\_\_\_\_**

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Gross Profit \_\_\_\_\$1201.70\_\_\_\_\_

Gross Profit \_\_13.00\_\_%

Subtotals for Categories with Limits \_\_NA\_\_\_\_\_

Total of Items Not Replaced \_\_

ORDER FINAL APPROVAL

Order Approval Code \_SMGR\_\_

Create Policy Holder Invoice? \_N\_

(Sample Adjuster Invoice for Sales Case #3: Item held for deductible, One lost item being replace by multiple items.)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order # 891011		Invoice Date 5/3/99	Page 1
Bill To:  Ken Fichtenmeyer Trust Insurance 123 Fidelity Lane Hartford, MA 62111		Ship To:  ET Landscaping Attn: Eric 1276 Somerset Ave. Dighton, MA 02715	
Customer No. MOM generated	Sales I.D. JU	Claim # CM 02028001	Source  Terms Net 30

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
2	0	0	1	L	Husqurna Chainsaw, 18"	704.00	0	
2	0	2	1	R	Husqurna Chainsaw, 18"	664.00		1328.00
2	0	0	2	L	Husqurna Chainsaw, 36"	1169.95	0	
2	0	2	2	R	Husqurna Chainsaw, 36"	1269.00		2538.00
1	0	0	4	L	Pocket Dan Cut Off Saw	899.00	0	
1	0	1	4	R	Stihl Cut Of Saw	869.00		869.00
1	0	0	5	L	Ingersol Rand Air Compressor	1855.00	0	
1	0	1	5	R	Ingersol Rand Air Compressor	1849.00		1849.00
1	0	0	6	L	Craftsman Tool Set	2524.99	0	
1	0	1	6	R	Craftsman Tool Set	1725.00		1725.00
1	0	1	6	R	Craftsman Tool Cabinet	399.00		399.00
1	0	1	6	R	Craftsman Tool Cabinet on rollers	275.00		275.00

<b>Merchandise Total:</b>	8983.00
<b>Shipping &amp; Handling:</b>	649.00
<b>State Sales Tax:</b>	770.56
<b>Total for Replacement Items:</b>	1042.56

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-----Limits, Deductibles and Non-Replacing Items-----

-							
1	0	0	3	L	Chainsaw, 19"	614.95	0
1	0	1	3	NRUFD	Not replaced, used to offset Deductible	614.95	614.95

\$0.00

**Shipping & Handling**

**State Sales Tax:** 49.20

-							
1	0	1	7	D	Deductible	-500.00	-500.00

**Total Due This Invoice:** \$1206.71

Sales Case Notes / Issues

Note: No Policy Holder Invoice needed

## Notes / Issues / Business Rules

**Logic Change:** Our business rules allow us to invoice a customer at an earlier point than MOM allows. We wish to print invoices as soon as our sales people finalize the quotation. We do not wish to wait until POs are placed or items are shipped.

**Quotes:** The CEW needs to retain standard MOM Quote capabilities (save order as either quote or order, convert from quote to order and back, etc.)

**Security Rights for CEW:** tbd

- Caution on giving sales reps too much latitude

**Screen Navigation:** Must be easily able to move between line items, detail and total screens

**Purchase Source:** Need Pop-up with options and free form notes, security allows only authorized admin. to add new

**Transfer Fees:** Entered as a separate line item

(Sample Policy Holder Invoice for Sales Case #4: Claim limit, over limit and Deductible paid with personal check.)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Insurance Company)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source Terms

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
-----	-----	------	-------------------------------	--------------	-------------	--------------	--------	--------

1	0	0	1	L	Remington 1187 Shotgun	750.00		0
1	0	1	1	R	Remington 1187 Shotgun	650.00		650.00

<b>Merchandise Total:</b>	650.00
<b>Shipping &amp; Handling:</b>	42.00
<b>State Sales Tax:</b>	55.36
<b>Total for Replacement Items:</b>	747.36

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	0	2	L	Ruger 9MM	700.00		0
1	0	1	2	R	Ruger 9MM	750.00		750.00

\$0.00	<b>Shipping &amp; Handling</b>	
	<b>State Sales Tax:</b>	56.00
	<b>Subtotal:</b>	----- 1553.36

1	0	1	4	CO	Policy Limit \$1000 - Amount over Policy Limit			-553.36
1	0	1	3	D	Deductible	-250.00		-250.00

**Total Due This Invoice:     \$750.00**



(Sample Policy Holder Invoice for Sales Case #4: Claim limit, over limit and Deductible paid with personal check.)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Policy Holder)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source
			Terms

? Memo: Payment of total shown below satisfies your deductible

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
1	0	0	2	L	Ruger 9MM Semiautomatic	700.00		0
1	0	1	2	R	Ruger 9MM Semiautomatic	750.00		750.00

**Merchandise Total:** 750.00  
**Shipping & Handling:** 0  
**State Sales Tax:** 56.00  
**Total for Replacement Items:** 806.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	1	3	CO	Insurance Company Payment			-2.64

\$0.00

**Shipping & Handling**

**State Sales Tax:** 0

**Subtotal:** 803.36

Deductible

**Total Due This Invoice:** 803.36

Sales Case Notes / Issues

(Sample Policy Holder Invoice for Sales Case # 5: Policy Holder pays Deductible with personal check)

**B.A. Jones11, Inc.**  
**TUV**  
**8403 Sterling Street**  
**Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Adjuster)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source
			Terms

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
-----	-----	------	-------------------------	-----------	-------------	-----------	-----	--------

1	0	0	2	L	Chainsaw	500.00		0
1	0	1	2	R	Homelite Chainsaw	450.00		450.00

**Merchandise Total:** 450.00  
**Shipping & Handling:** 50.00  
**State Sales Tax:** 40.00  
**Total for Replacement Items:** 540.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	0	1	L	Lawnmower	300.00		0
1	0	1	1	RISD	Murray Lawnmower	275.00		275.00

\$0.00 **Shipping & Handling**  
**State Sales Tax:** 22.00  
**Subtotal:** 837.00

1	0	1	1	D	Deductible	-250.00		-250.00
<b>Total Due This Invoice:</b>								<b>\$587.00</b>

(Sample Policy Holder Invoice for Sales Case # 5: Policy Holder pays Deductible with personal check)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Policy Holder)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source Terms

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
-----	-----	------	-------------------------	-----------	-------------	-----------	-----	--------

1	0	0	1	L	Lawnmower	300.00	0	
1	0	1	1	RISDMurray	Lawnmower	275.00		275.00

**Merchandise Total:** 275.00  
**Shipping & Handling:** 0  
**State Sales Tax:** 22.00  
**Total for Replacement Items:** 297.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	1	2	CO	Insurance Company Payment	-47.00		-47.00

**Shipping & Handling**  
 \$0.00  
**State Sales Tax:**  
**Subtotal:** -----

1	0	1	3	D	Deductible	250.00		250.00
<b>Total Due This Invoice:</b>								<b>\$250.00</b>

Sales Case Notes / Issues

PROCEDURE NOTE: Insurance company payment = Total Due This Invoice (ADJ Invoice) - Total for Replacement Items (ADJ Invoice)

(Sample Policy Holder Invoice for Sales Case #6: Item not replaced, Used for upgrade, Policyholder pays with personal check)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Adjuster)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source
			Terms

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
1	0	0	1	L	Sony VCR	300.00	0	
1	0	1	1	R	Sony VCR	300.00		300.00

**Merchandise Total:** 300.00  
**Shipping & Handling:** 50.00  
**State Sales Tax:** 28.00  
**Total for Replacement Items:** 378.00

-----Limits, Deductibles and Non-Replacing Items-----

1	0	0	2	L	Sony 30" TV	1500.000		
1	0	1	2		NRUFU Not Replaced, Used for upgrade	1500.00		1500.00

**Shipping & Handling** \$0.00  
**State Sales Tax:** 120.00

**Subtotal:**  
 1 0 1 3 D Deductible -250.00

**Total Due This Invoice:** 1748.00

(Sample Policy Holder Invoice for Sales Case #6: Item not replaced, Used for upgrade, Policyholder pays with personal check)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To:  (Policy Holder)		Ship To:  (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source
			Terms

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
1	0	0	2	L	Sony 30" TV	1500.000		
1	0	1	2	R	Sony 40" TV	2500.00		2500.00

**Merchandise Total:** 2500.00  
**Shipping & Handling:** 0  
**State Sales Tax:** 200.00  
**Total for Replacement Items:** 2700.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	1	3	CO	Insurance Company Payment			-1370.00

\$0.00

**Shipping & Handling**  
**State Sales Tax:** 0  
**Subtotal:** 1330.00  
**Total Due This Invoice:** \$1330.00

Deductible

---

Sales Case Notes / Issues



(Sample Adjuster Invoice for Sales Case #7: Deductible paid for by not replacing an item, Item value is less than Deductible)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Adjuster)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source Terms Quotation

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
-----	-----	------	-------------------------------	--------------	-------------	--------------	--------	--------

**Merchandise Total:** 0.00  
**Shipping & Handling:** 0.00  
**State Sales Tax:** 0.00  
**Total for Replacement Items:** 0.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	0	1	L	Suitcase	300.00	0	
1	0	1	1	R	Hartman Carry-on	200.00		200.00
				CO	Deductible exceeds Replacement Value			

\$20.00	<b>Shipping &amp; Handling</b>	
	<b>State Sales Tax:</b>	17.60
	<b>Subtotal:</b>	----- 237.60
Deductible		0.00
	<b>Total Due This Invoice:</b>	0.00

---

Sales Case Notes / Issues

Procedure Note: Enter Comment, "Deductible exceeds replacement value"

???Procedure Note: Do not enter a deductible amount, do not show deductible anywhere on invoice. (Assumption: Adjuster will not pay invoice) Need to confirm this approach with Beth.

No Policy Holder Invoice Needed.

(Sample Adjuster Invoice for Sales Case #8 - Actual Cash Value: Adjuster Requires Depreciation, deductible paid by credit card)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Adjuster)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim # 55555	Source Terms

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
-----	-----	------	-------------------------------	--------------	-------------	--------------	--------	--------

**Merchandise Total:** 0.00  
**Shipping & Handling:** 0.00  
**State Sales Tax:** 0.00  
**Total for Replacement Items:** 0.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	0	1	L	Miter Saw	580.00	0	
1	0	1	1	R	Dewalt Miter Saw	713.00	15%	606.05
1	0	0	2	L	Table Saw	395.00	0	
1	0	1	2	R	Dewalt Table Saw	325.00	15%	276.25

40.00	<b>Shipping &amp; Handling</b>							
	<b>State Sales Tax:</b>	73.78						
	<b>Subtotal:</b>	996.08						
1	0	1	3	D	Deductible	-250.00		-250.00
					<b>Total Due This Invoice:</b>			746.08

---

(Sample Policy Holder Invoice for Sales Case #8 - Actual Cash Value: Adjuster Requires Depreciation, deductible paid by credit card)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To: (Policy Holder)		Ship To: (Policy Holder)	
Customer No.	Sales I.D.	Claim #	Source
		Terms	

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
1	0	0	1	L	Miter Saw	580.00	0	
1	0	1	1	R	Dewalt Miter Saw	713.00		713.00
1	0	0	2	L	Table Saw	395.00	0	
1	0	1	2	R	Dewalt Table Saw	325.00		325.00

**Merchandise Total:** \$1038.00  
**Shipping & Handling:** \$40.00  
**State Sales Tax:** \$86.24  
**Total for Replacement Items:** 1164.24

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	0	3	CO	Insurance payment	-746.08		-746.08

\$0.00

**Shipping & Handling**

**State Sales Tax:** \$0.00

**Subtotal:** \$418.16

**Total Due This Invoice:** \$418.16

Sales Case Notes / Issues

PROCEDURE NOTE: Depreciation is calculated using the replacement item as a basis (because it is too difficult to verify exact value of lost item)

(Sample Adjuster Invoice for Sales Case #9: Some Items Replaced)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date		Page 1	
Bill To: (Adjuster)			Ship To: (Policy Holder)		
Customer No.	Sales I.D.	Claim #	Source	Terms	

Qty	B/O	Ship	Loss Inventory Sequence	Item Code	Description	Un. Price	D s	Amount
-----	-----	------	-------------------------	-----------	-------------	-----------	-----	--------

1	0	0	1	L	Handgun	500.00	0	
1	0	1	1	R	Smith & Wesson Handgun	425.00		425.00
1	0	0	3	I	TV	300.00		0
1	0	1	3	R	RCA TV	250.00		250.00
				CO	Please use non-replacing items to cover deductible			

<b>Merchandise Total:</b>	675.00
<b>Shipping &amp; Handling:</b>	50.00
<b>State Sales Tax:</b>	58.00
<b>Total for Replacement Items:</b>	783.00

-----Limits, Deductibles and Non-Replacing Items-----

-								
1	0	0	2	L	Shotgun	1100.00		0
1	0	1	2	NRAR	Remington Shotgun	750.00		0

0	<b>Shipping &amp; Handling</b>	
	<b>State Sales Tax:</b>	0
	<b>Subtotal:</b>	----- 783.00
Deductible	<b>Total Due This Invoice:</b>	0 783.00

Sales Case Notes / Issues

Note: No Policy Holder Invoice needed.

Procedure Note: Enter deductible handling instructions with Adjuster's Name, Time, Date

Procedure Note: Show comment: "Please use non-replacing items to cover deductible"

**CEW  
(TUV Electronic Worksheet)**

**Sales Case:** Master Template

Following is a first draft of our requested enhancements to MOM. Our primary objective is to enable our sales people to take an order (insurance claim) from receipt through invoice printing from their desk.

We provide this initial draft to help the MOM development team understand our requirements and help us find a way to meet the business need - with minimum changes to MOM.



INSURANCE COMPANY INFORMATION [MOM Bill-To / Customer Setup]

Acct. #<sup>1</sup> \_\_\_\_\_

Ins. Co<sup>2</sup> \_\_\_\_\_

Adj. Name<sup>3</sup> \_\_\_\_\_

Phone:<sup>4</sup> \_\_\_\_\_

Fax:<sup>5</sup> \_\_\_\_\_

---

<sup>1</sup> MOM Customer No.

<sup>2</sup> MOM Company Name

<sup>3</sup> MOM Bill To Last Name, First Name

<sup>4</sup> MOM Phone

<sup>5</sup> MOM Phone2

INSURED INFORMATION [MOM Shipping Address]

ADDRESS:

Insured Name<sup>6</sup> \_\_\_\_\_

Address<sup>7</sup> \_\_\_\_\_

City<sup>8</sup> \_\_\_\_\_

State<sup>9</sup> \_\_\_\_\_

Zip<sup>10</sup> \_\_\_\_\_

Home Phone #<sup>11</sup> \_\_\_\_\_

Alt / Fax #<sup>12</sup> \_\_\_\_\_

---

<sup>6</sup> MOM Ship To Last Name, First Name, Mandatory

<sup>7</sup> MOM Ship To Address

<sup>8</sup> MOM Ship to City

<sup>9</sup> MOM Ship to State

<sup>10</sup> MOM Ship to Zip

<sup>11</sup> MOM Phone

<sup>12</sup> MOM Phone2 (PROCEDURE NOTE: Sales reps are to enter ONLY fax number here. If a work number is present, enter it in MOM comment field)

CLAIM INFORMATION

Order #<sup>13</sup> \_\_\_\_\_

Date<sup>14</sup> \_\_\_\_\_

Time<sup>15</sup> \_\_\_\_\_

Claim #<sup>16</sup> \_\_\_\_\_

Coverage Type<sup>17</sup> \_\_\_\_\_

Deductible Amount \$<sup>18</sup> \_\_\_\_\_

Deductible Handling Code<sup>19</sup> \_\_\_\_\_

Deductible Comments / Special Instructions: <sup>20</sup>  
\_\_\_\_\_

Deductible Instructions Provided by<sup>21</sup>: \_\_\_\_\_

Date & time instructions provided:<sup>22</sup> \_\_\_\_\_

---

<sup>13</sup> MOM-Generated Order #  
<sup>14</sup> MOM Order Entered Date  
<sup>15</sup> New field - Time Order Entered  
<sup>16</sup> MOM Reference # Field (need special format - no spaces, hyphens or symbols allowed)  
<sup>17</sup> New Field - either RC or ACV, Mandatory. PROCEDURE NOTE: If ACV, use MOM discount field to show depreciation calculation on invoice  
<sup>18</sup> New Field  
<sup>19</sup> New Field , mandatory, table driven, no overwrite, codes are  
 PHPCC = Policy Holder pays with credit card  
 PHPPC=Policy Holder pays with personal check  
 DEDNRI=Deductible paid by not replacing an item  
 NA=Not Applicable  
 OTHER (Describe in comments)  
<sup>20</sup> New field, optional  
<sup>21</sup> New field, optional  
<sup>22</sup> New field, populated by system date and time WHEN / IF a name is entered into **Deductible Instructions Provided by field**

## CLAIM LIMITS SUB SCREEN

Claim Limits?<sup>23</sup> \_\_\_\_Select Product Category Code to Limit<sup>24</sup> \_\_\_\_\_Claim Limit for this Product Category Code<sup>25</sup> \_\_\_\_\_

---

<sup>23</sup> New field, Y/N, default N, MUST SUPPORT A MINIMUM OF 6 DIFFERENT LIMITS

<sup>24</sup> New field, but use existing coded and description in MOM. Codes are:

A=Video

B=Audio

C=Audio/Video Accessories

D=Large Appliances

E=Small Appliances

F=Firearms

G=Firearms Accessories

H=Computers & Accessories

I=Tools

J=Photo

K=Silver

L=China/Crystal

M=Golf Equipment

N=N/A Items

O=Luggage

P=Musical Instruments

Q=Fishing/Camping

R=Jewelry/Clocks

S=Deductible

T=Office Supplies

U=Athletic Equipment and/or Memorabilia - Toys & Collectors Items

V=Furniture

W=

X=

Y=

Z=

XXXX type in codes here XXXX

<sup>25</sup> New field

LINE ITEMS

Loss Inventory Sequence <sup>26</sup>	Q T Y <sup>27</sup>	TUV Model <sup>28</sup>	Item Description <sup>29</sup>	Price <sup>30</sup> <sub>31</sub>	Item Disposition Code <sup>32</sup>	Extended Price <sup>33</sup>
<b>1L</b>						
<b>1R<sup>34</sup></b>						

<sup>26</sup> Modify existing display/invoice sequence counter to support L (designates item from lost item inventory) or R (designated items being replaced ). e.g. 1L and 1R will always remain paired. Note that there can be multiple replacement items per lost item. Sales Rep needs to be able to display item pairs in sequence desired or print invoice with item sets in sequence desired. SHOULD BE NO LIMIT TO NUMBER OF LINE ITEMS.

<sup>27</sup> MOM Field, Default=1

<sup>28</sup> ??? New field? Need best way to handle designation of our model number. Gray out on lost (L) items.

<sup>29</sup> MOM field PROCEDURE NOTE: Entry format= MFR\_Description. DO NOT enter model in description. Deductible is entered as non-taxable, negative amount.

<sup>30</sup> MOM field - Sale Price? (PROCEDURE NOTE: On Lost Items, this field is the value submitted by policy holder on loss report. On Replaced Items, this field is price quoted to policy holder.

<sup>31</sup> PROCEDURE NOTE: If item is included with other item, enter as description-only (no TUV model number. This creates a non-inventory item in MOM. DO NOT got to line item detail.

<sup>32</sup> New Field - Mandatory, Codes to be table based, Admin. security required to change. Gray out on lost (L) items. PROCEEDURE NOTE: If item code includes NR, item is to be entered as non-inventory, comment line to make sure item is not purchased by mistake. PROCEEDURE NOTE: If item not covered, enter description so indicating. Codes will be:

R=Item being proposed/replaced by TUV

L=Lost item

D=Deductible

LIM=Limit

NRUFD=Not Replacing, Used for Deductible

NRUFU=Not Replacing, Used for Upgrade

NRCS= Not Replacing, Cash Settlement (policyholder took cash instead)

NRAR= Not Replacing, Already Replaced

NRINA= Not Replacing, Item Not Available

NRINC= Not Replacing, Item Not Covered

NROTH= Not Replacing, Other Reason (e.g. TUV can't meet the price)

NRFQ= Not Replacing, Free Quote to adjuster

CM=Credit Memo (existing in MOM)

RISD=Replaced, but invoiced separately to P.H. to satisfy deductible

CO=Comment (displays on invoice)

<sup>33</sup> Calculated field. Gray out on lost (L) items.

2L						
2R						
3L						
3R						
4L						
4R						
5L						
5R						
6L						
6R						

---

<sup>34</sup> NOTE: When user clicks on any “R” line item, display line item detail tab. Only Replacement items require line item detail

Line Item Detail Tab

MFR Model #<sup>35</sup> \_\_\_\_\_

Product Category Code and Description<sup>36</sup>  
\_\_\_\_\_

Purchase Source<sup>37</sup> \_\_\_\_\_

Purchase Source Item Number<sup>38</sup> \_\_\_\_\_

Confirmed In Stock<sup>39</sup> \_\_\_

Item Weight<sup>40</sup> \_\_\_

Freight In<sup>41</sup> \_\_\_

Mfr.'s List Price<sup>42</sup> \_\_\_\_\_

Net Cost from Purchase Source<sup>43</sup> \_\_\_\_\_

Handling Charge per Item<sup>44</sup> \$3.00\_\_\_

Comments<sup>45</sup> \_\_\_\_\_

Do You Want Comments to print on invoice?<sup>46</sup> \_N

---

<sup>35</sup> New field

<sup>36</sup> MOM field (See Claim Limits: Select Product Category Code to Limit - these codes are already in the MOM data.)

<sup>37</sup> MOM field

<sup>38</sup> MOM field

<sup>39</sup> New field - Y/N, default is N

<sup>40</sup> MOM field - in pounds, no decimals

<sup>41</sup> MOM fields - use existing product category codes

<sup>42</sup> New field

<sup>43</sup> New field

<sup>44</sup> New field, default is \$3.00, overwrite allowed PROCEEDURE NOTE: Only apply to items over \$25.

<sup>45</sup> MOM field???

<sup>46</sup> New field- Y/N, default is N

Line Item Detail Tab (without footnotes)

MFR Model # \_\_\_\_\_

Product Category Code and Description \_\_\_\_\_

Purchase Source \_\_\_\_\_

Purchase Source Item Number \_\_\_\_\_

Confirmed In Stock \_\_\_

Item Weight \_\_\_\_\_

Freight In \_\_\_\_\_

Mfr.'s List Price \_\_\_\_\_

Net Cost from Purchase Source \_\_\_\_\_

Handling Charge per Item \_\_\_\_\_

Comments \_\_\_\_\_

Do You Want Comments to print on invoice? \_N



## WORKSHEET TOTALS ON-SCREEN

Total Freight In<sup>47</sup> \_\_\_\_\_Total Net Cost from purchase source of all replaced items<sup>48</sup> \_\_\_\_\_Total Handling Charge from all line items<sup>49</sup> \_\_\_\_\_**Merchandise Total For Replacement Items:**<sup>50</sup> \_\_\_\_\_**Shipping & Handling For Replacement Items**<sup>51</sup>: \_\_\_\_\_**Sales Tax For Replacement Items**<sup>52</sup>: \_\_\_\_\_**Total For Replacement Items**<sup>53</sup>: \_\_\_\_\_-----  
**Merchandise Total For Non-Replacing Items**<sup>54</sup>: \_\_\_\_\_**Shipping & Handling For Non-Replacing Items.**<sup>55</sup> \_\_\_\_\_**Sales Tax For Non-Replacing Items**<sup>56</sup>: \_\_\_\_\_**Deductible**<sup>57</sup> \_\_\_\_\_**Total Due This Invoice**<sup>58</sup>: \_\_\_\_\_-----  
Gross Profit<sup>59</sup> \_\_\_\_\_Gross Profit<sup>60</sup> \_\_\_\_\_%Subtotals for Categories with Limits<sup>61</sup> \_\_\_\_\_

---

<sup>47</sup> Calculated<sup>48</sup> Calculated, if Replacing/Not Replacing Code includes NR, will be \$0.<sup>49</sup> Calculated<sup>50</sup> Calculated<sup>51</sup> MOM Freight, value entered PROCEDURE: Sales to enter Freight Amount=Freight in + Freight Out PROCEDURE: Usually, all freight charges to be charged on ADJ invoice, not on PH invoice<sup>52</sup> MOM calculated - Sales tax does not apply to deductible<sup>53</sup> = Merchandise Total + Shipping & Handling + State Sales Tax (for replacement items)<sup>54</sup> Calculated from item disposition codes including NR. Make sure extension math works for qty greater than 1.<sup>55</sup> Default = 0, sales rep can override. PROCEDURE NOTE: Generally 0. In special cases PH may be cahrged freight<sup>56</sup> Calculated by MOM<sup>57</sup> Display from new Deductible field<sup>58</sup> = Total For Replacement Items + Merchandise Total For Non-Replacing Items + Shipping & Handling For Non-Replacing Items + State Sales Tax For Non-Replacing Items - Deductible)<sup>59</sup> = Merchandise Total For Replacement Items - Total Net Cost from purchase source of all replaced items - Total Handling Charge from all line items<sup>60</sup> =Gross Profit / (Merchandise Total For Replacement Items)<sup>61</sup> Calculated. Only displayed if category limits have been entered. Error message presented if category total for replaced items is over limit.

ORDER FINAL APPROVAL

Order Approval Code<sup>62</sup> \_\_\_\_

Create Policyholder Invoice?<sup>63</sup> \_Y\_

---

<sup>62</sup> New field - mandatory. Codes (to be table driven) are:  
SSR=Senior Sales Rep approval IF GP between 15% and 25% (table driven values). Critical to tie security to user login so only authorized sales reps can approve.  
SMGR=Sales Manager approval. Critical to tie security to user login so only authorized sales manager can approve.

NOTE: ORDER IS FINALIZED BY ENTRY OF ORDER APPROVAL CODE.

(a) final logic checks to include

**Compare limits to category totals - flag errors and require user to correct the problem.**

Make sure commissions are not credited on Quotes

?

(b) After final logic check and error correction, follow up actions are

- Mandatory Follow-up Call to be scheduled through Telemarketing module. Best is auto-scheduled by MOM. Ideal: 5 days from receipt and 7 days from order approval, durations editable by system admin.

- Default will be to fax invoice. Option available to print.]

<sup>63</sup> New Field, default is Y, If Y, create new order populating "Bill To" with "Ship To" info from Adjuster invoice. Populate "Ship To" with same information

(Sample Invoice)

**B.A. Jones11, Inc.  
TUV  
8403 Sterling Street  
Irving, TX 75063**

Order #		Invoice Date	Page 1
Bill To:		Ship To:	
Customer No.	Sales I.D. <sup>i</sup>	Claim #	Source <sup>ii</sup> Terms

Qty	B/O	Ship <sup>iii</sup>	Loss Inventory Sequence <sup>iv</sup>	Item Code <sup>vi vi</sup>	Description <sup>vii</sup>	Un. Price	D s	Amount
-----	-----	---------------------	---------------------------------------	----------------------------	----------------------------	-----------	-----	--------

**Merchandise Total:  
Shipping & Handling:  
State Sales Tax:  
Total for Replacement Items:**

-----Limits, Deductibles and Non-Replacing Items<sup>64</sup>-----

-

**Shipping & Handling  
State Sales Tax:**

**Subtotal:**

**Total Due This Invoice:**

Deductible

<sup>64</sup> Limits: PROCEDURE NOTE: If claim has multiple limits, break into separate orders. Amount over policy limit = Total for Replacement Items - Limit.

Total Due this Invoice = Total for Replacement Items - Amount Over Policy Limit - Deductible

Insurance Company Payment on PH Invoice=Total Due This Invoice-Total.

**Item Code Legend:**

NR=Item not replaced by TUV

R=Item being proposed / replaced by TUV

L=Lost item

D=Deductible

## Notes / Issues / Business Rules

**Logic Change:** Our business rules allow us to invoice a customer at an earlier point than MOM allows. We wish to print invoices as soon as our sales people finalize the quotation. We do not wish to wait until POs are placed or items are shipped.

**Quotes:** The CEW needs to retain standard MOM Quote capabilities (save order as either quote or order, convert from quote to order and back, etc.) **PROCEDURE NOTE:** Initiate all orders as Quotes

**Security Rights for CEW:** tbd

- Caution on giving sales reps too much latitude

**Screen Navigation:** Must be easily able to move between line items, detail and total screens

**Purchase Source:** Use MOM Suppliers screen. Need Pop-up with options and free form notes, security allows only authorized admin. to add new

**Transfer Fees:** Entered as a separate line item

### OPEN ISSUES:

? Display deductible handling instructions in memo field on invoice?

? If possible, use math compare/negative amounts (Deductible or Limits) to trigger creation of PH invoice.

? PH Invoice:

- If possible, button present that will quickly create a PH order from on-screen data.
- If possible, allow sales rep to highlight item to use for deductible and populate the PH order. If able to automate this process, value of item chosen must exceed deductible, or flag an error.
- Try to identify conditions where PH invoice must be created and flag instructions or error (e.g. deductible present, limit present)

- Procedure Checklist Screens: To Pop Up instructions when certain conditions indicate. Screen content to be editable by admin. Window should remain on desktop until manually closed.

- Multiple Limits: We should remove the logic for multiple limits. It is unneeded complexity.

- Insurance Company Payment on PH Invoice=Total Due This Invoice-Total: Sales rep needs this info when creating Ph invoice. Not sure best way to get it to them.

- A/R & Cash application: We understand that this approach will cause some A/R and Cash application reconciliation. We are living with it now - it is the nature of our marketplace.

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<sup>i</sup> Need to clarify salesman assignment

<sup>ii</sup> Leave blank - unused

<sup>iii</sup> If an item is to be extended, show it as shipped (applies to both upper and lower sections of invoice)

<sup>iv</sup> Critical sequence. Must match in pairs.

<sup>v</sup> Remove from invoice, retain on packing slip

<sup>vi</sup> If item code = NR or D, item total to be extended for totaling. Procedure note: when a lost item is not being replaced and used for deductible, next line item will be NR and include description, "not replacing, used for deductible."

<sup>vii</sup> PROCEDURE NOTE: In case of deductible, limits, "insurance company payment", etc.: enter as non-taxable