CVS INVOICE TRANSACTION SET 810, VERSION 4010

The followina bolded seaments are required by CVS:

SEG ID		DESCRIPTION	FIELD LENGTH	VALUE
ISA	07	Receiver Transmission	x(02)	ZZ - Front Store (OTC Items)
				01 - Pharmacy
	08	Receiver Transmission Code	x(03)	CVS

GS

ST

HEADER AREA

SEG ID		DESCRIPTION	FIELD LENGTH	VALUE
BIG	**01**	Invoice Date	9(8)	CCYYMMDD
	02	Invoice Number	X(22)	Vendor's Invoice Number
	03	P.O.Date	9(8)	CCYYMMDD
	04	P.O. Number	9(7)	CVS P.O. # being Invoiced *(May Not Apply To DSD Vendors)*
	07	Transaction Code	x(2)	FOR CREDITS
				'CR or 'CN' acceptable

REF				
N1				
N1				