



AmerisourceBergen®

Item Maintenance Form

Contact Information

Name _____

Phone _____

Email _____

Supplier Name _____

ABC Supplier # _____ (Dist) _____ (Star)
(ABC use)

Item Description _____

NDC _____
(if applicable)

UPC _____
(required for retail item)

Mfg # _____

Size _____

Form _____

Fineline Code _____

Master CS PK _____

Inner CS PK (If any) _____

Order Min. _____

Reg. WAC _____ (per UOM)

Mfg. AWP (If any) _____

Mfg. Retail (If any) _____

Net Pricing (If any) _____

Effective Date of Change _____

Submittal Date _____

Comments:
