ICM New Item Input Form

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14	Column 15	Column 16	Column 17
Vendor Number	Product Group	Mfg #	n/a	description (30)	description (30)	pick zone	n/a	upc	retail	cost	icm #	Shelf Pack	Case Pack	Case Weight	Case Cube	ORM-D y/n
PLEASE COMPLETE ALL NON-SHADED AREAS																