



Mapping Practice Sheet

This is to help think through what columns will line up with the map when you import. Print this page and print the first page of your sales and commission spreadsheet. Look the required fields on this map with a *. Look at your spreadsheet. What matches? Write the label as shown in your spreadsheet in the corresponding box below.

Mapping

Map Title:

Mapping for Manufacturer - Acme Explosives

Manufacturer	<input type="text"/>	POS/Direct Sales	<input type="text"/>
Reference Row ID	<input type="text"/>	POS Distributor	<input type="text"/>
Customer *	<input type="text"/>	Mfg Ship-to Num	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	Region	<input type="text"/>
Secondary Customer	<input type="text"/>	Secondary Customer City	<input type="text"/>
Secondary Customer State	<input type="text"/>	Secondary Customer Zip	<input type="text"/>
Invoice Date *	<input type="text"/>	Invoice Date *	<input type="text"/>
Date Format	<input type="text"/>	Invoice Number	<input type="text"/>
Sales Order	<input type="text"/>	PO	<input type="text"/>
Part Number	<input type="text"/>	Product Line	<input type="text"/>
Product Family	<input type="text"/>	Product Description	<input type="text"/>
Customer Part Number	<input type="text"/>		
Quantity	<input type="text"/>	Unit Price	<input type="text"/>
Sales Amount *	<input type="text"/>	Post Split Amount	<input type="text"/>
Booking Cost	<input type="text"/>	Real Cost	<input type="text"/>
Commission Rate	<input type="text"/>	Commission *	<input type="text"/>
Check Date	<input type="text"/>	Check Date	<input type="text"/>
Check Number	<input type="text"/>	Check Number	<input type="text"/>
Comment	<input type="text"/>		

Notes: