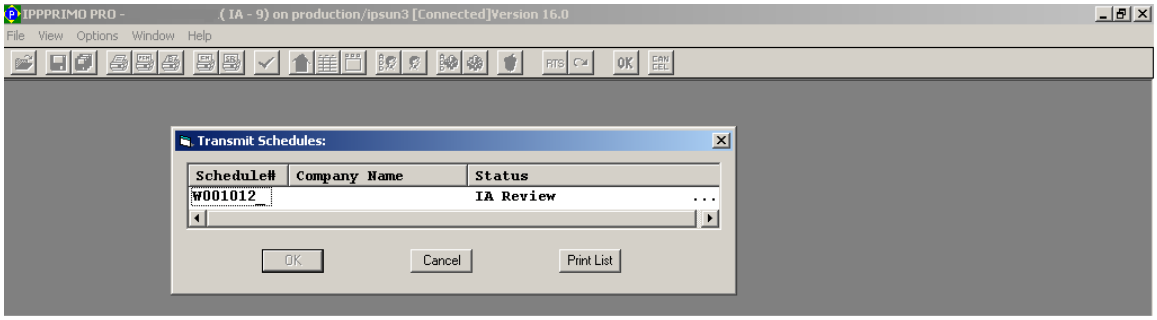
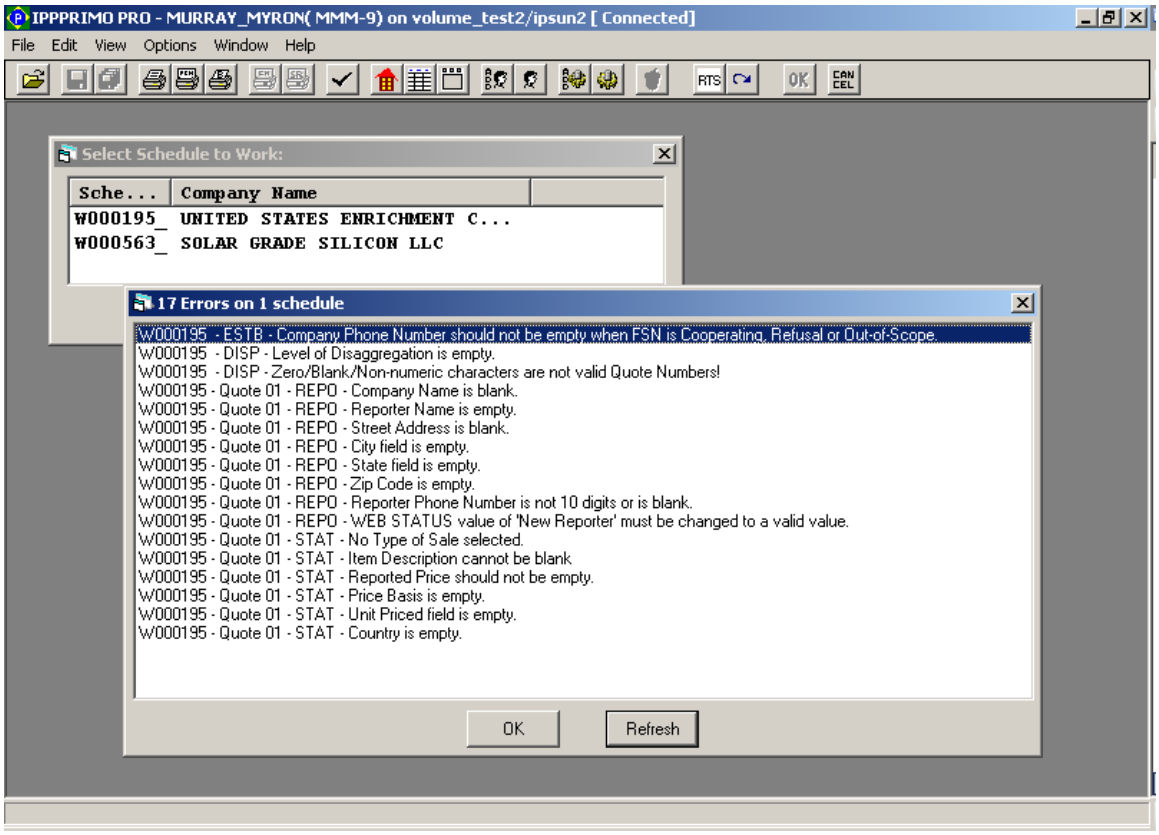
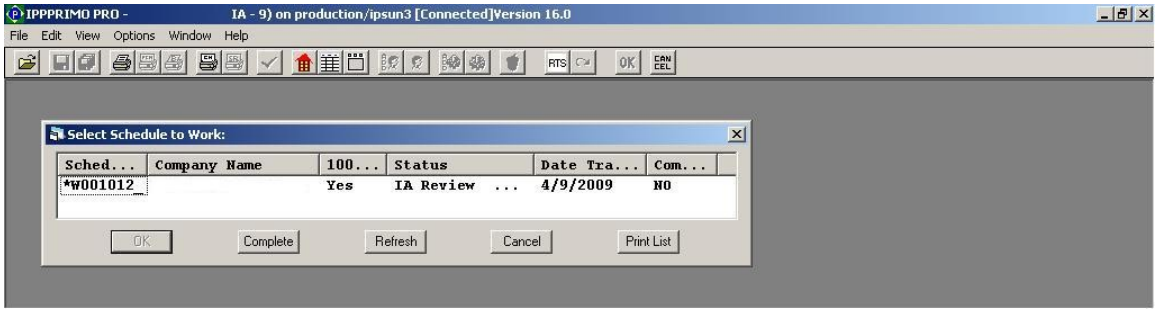
Transmit Schedule Screen (system checks schedule for completeness before transmitting to secondary reviewer)



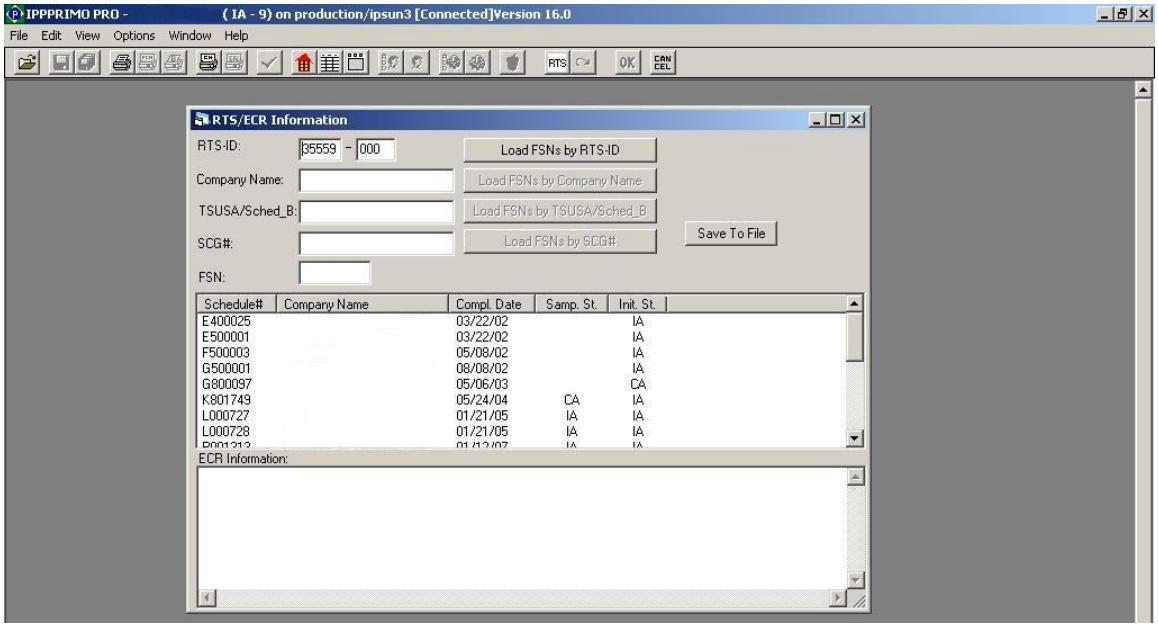
Errors resulting from Schedule Check


IPPPRIMO PRO - MURRAY_MYRON(MMM-9) on volume_test2/ipsun2 [Connected]
File Edit View Options Window Help
RTS
OK
CAN CEL
Select Schedule to Work:
Sche...
Company Name
W000195_ UNITED STATES ENRICHMENT C...
W000563_ SOLAR GRADE SILICON LLC
17 Errors on 1 schedule
W000195 - ESTB - Company Phone Number should not be empty when FSN is Cooperating, Refusal or Out-of-Scope.
W000195 - DISP - Level of Disaggregation is empty.
W000195 - DISP - Zero/Blank/Non-numeric characters are not valid Quote Numbers!
W000195 - Quote 01 - REPO - Company Name is blank.
W000195 - Quote 01 - REPO - Reporter Name is empty.
W000195 - Quote 01 - REPO - Street Address is blank.
W000195 - Quote 01 - REPO - City field is empty.
W000195 - Quote 01 - REPO - State field is empty.
W000195 - Quote 01 - REPO - Zip Code is empty.
W000195 - Quote 01 - REPO - Reporter Phone Number is not 10 digits or is blank.
W000195 - Quote 01 - REPO - WEB STATUS value of 'New Reporter' must be changed to a valid value.
W000195 - Quote 01 - STAT - No Type of Sale selected.
W000195 - Quote 01 - STAT - Item Description cannot be blank
W000195 - Quote 01 - STAT - Reported Price should not be empty.
W000195 - Quote 01 - STAT - Price Basis is empty.
W000195 - Quote 01 - STAT - Unit Priced field is empty.
W000195 - Quote 01 - STAT - Country is empty.
OK
Refresh

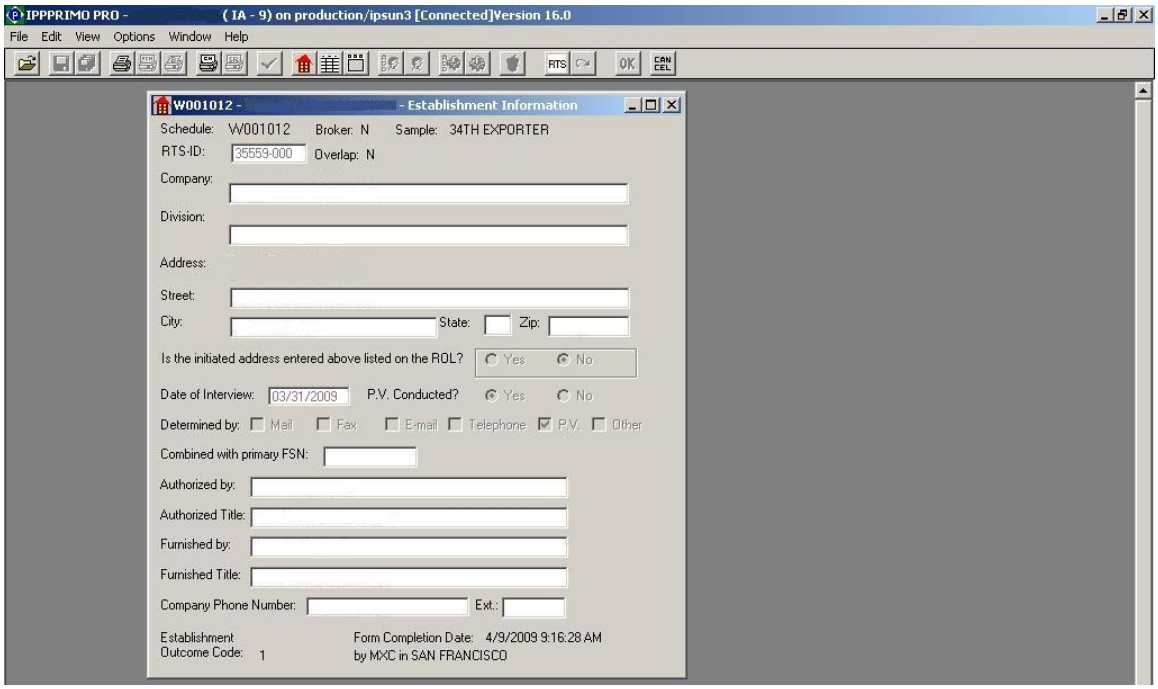
User’s Workload



RTS Information Screen (user can search for a schedule using several search criteria)



Establishment Screen


IPPPRIMO PRO - (IA - 9) on production/ipsun3 [Connected]Version 16.0
File Edit View Options Window Help
W001012 - Establishment Information
Schedule: W001012 Broker: N Sample: 34TH EXPORTER
RTS-ID: 35559-000 Overlap: N
Company:
Division:
Address:
Street:
City: State: Zip:
Is the initiated address entered above listed on the ROL? Yes No
Date of Interview: 03/31/2009 P.V. Conducted? Yes No
Determined by: Mail Fax E-mail Telephone P.V. Other
Combined with primary FSN:
Authorized by:
Authorized Title:
Furnished by:
Furnished Title:
Company Phone Number: Ext.:
Establishment Outcome Code: 1
Form Completion Date: 4/9/2009 9:16:28 AM
by MXC in SAN FRANCISCO