

ACCT2019 Group Assignment

Semester 1, 2023

Instructions for Parts A & B

Scope: There are two parts in this assignment. Part A is a group assessment and Part B is an individual assessment. **Part A** requires students, as a group, to carry out an analysis of the case study (Mattusito Nature Clinic – described in this document) and submit an executive report in PowerPoint format. **Part B** requires each student to map the Mattusito Nature Clinic case study data in the SAP accounting system and complete several transactions and reports and submit a document. This assignment requires students to demonstrate their:

i) **Ability to identify and apply relevant management accounting concepts and techniques to practical business contexts and make recommendations with a focus on the usage of qualitative and quantitative information.**

ii) **Specialist SAP software skills by mapping the business scenario in SAP, determination of relevant master data and transactions, their creation and/or execution and producing relevant reports from the SAP accounting system.**

Weighting: Part A – Case analysis – **Group (15%)**

Part B – SAP component – **Individual (15%)**

Due date: 4pm, 5 May 2023, AEDT

- Submission:**
- **Two files should be submitted. One for Part A & one for Part B.**
 - **Both files must be saved and submitted in PDF document format.**
 - **Please submit in Canvas in the two folders in the 'Assignment' section:**

i) **Part A – Case analysis – Group**

ii) **Part B – SAP Component – Individual**

Your Part A PDF file should include the cover page, PowerPoint report, appendices and the peer evaluation form. Only **ONE member** from each group needs to submit **Part A**.

IMPORTANT INFORMATION ON ACADEMIC INTERGITY

You are not permitted to use artificial intelligence (AI) tools, such as ChatGPT, to generate any part of your responses. AI tools cannot be relied upon to generate responses and their undeclared use will be reported as a major breach of policy for investigation. **Part A and Part B responses must be in your own words.**

Mattusito Nature Clinic is a large naturopathic clinic located in scenic Katoomba, treating patients with Indian traditional methods and medicines. It has qualified resident physicians, therapists, health centre, dispensary, yoga and meditation centre, restaurant, and service staff. Mattusito provides authentic natural treatments for various diseases, including whole-body detox advising (which included guidance on herbal medication and remedies), dietary advising, yoga and meditation therapy, and therapeutic massages with medicated oils.

The clinic has been in business for the last 30 years and has been a source for promoting medical tourism in the Blue Mountains region. The patients at the clinic are diagnosed and treated using the latest technology. A holistic and thorough treatment plan is drawn up for each patient by expert physicians, and subsequently all therapies in the treatment plan are carried out for patients by qualified therapists. The clinic keeps a constant focus on providing quality, efficacious care, and an equitable price.

The clinic has been using a simple costing system to allocate variable service overheads based on the number of patient days in a year. This allocation system worked for them as they only had treatment plans that consumed a similar nature and level of resources. Five years ago, they introduced Chinese traditional methods and medicines to treat patients. These treatments included tai chi and qigong therapies, advising on herbal medicines, dietary advising, acupuncture and cupping therapy and Chinese therapeutic massages (tui na).

Early last year, after doing some research, the clinic started combining both Indian and Chinese treatments to provide hybrid treatment plans for a variety of ailments and found encouraging results in their patients. Hybrid treatment plans are something they have been meaning to provide considering that medical tourism has been attracting a lot of people to not just Mattusito, but to a variety of other health clinics in the Blue Mountains region. Mattusito would be one of the first to offer a hybrid plan. The clinic also hoped that the economies of scope advantages of providing hybrid treatments would help in cutting costs, and a new service offering would increase patient numbers and thereby revenues. Fortunately, Mattusito was well-prepared to provide the hybrid treatment plans as several of their physicians and therapists were already multi-skilled in several naturopathic practices.

Recently, however, Mattusito has been having a range of concerns. Some of Mattusito's patients have started complaining about being charged higher fees. This was particularly concerning as a big part of the clinic's success was due to its loyal client base. Mattusito was well-aware that price was a major consideration for its clients, as Medicare did not cover treatments provided at naturopathic clinics. The clinic now needs help deducing which customer category/ies are complaining most. Even though the clinic has been getting more patients utilising their traditional (non-hybrid) treatments, the clinic's profits did not seem to increase accordingly. So, Mattusito's CEO Mr Alan Smith felt that it was time to examine the consumption of overhead resources by the different treatments and respective patients more closely, and explore the reasons for stagnant profits. He has hired your team of Management Accountants to examine the clinic's costs and help develop a new costing structure that will help to understand the accuracy of costs of both traditional (non-hybrid) and hybrid treatments.

Before your team starts their work, Mattusito's administration team lets you know that they divide the clinic's treatments into three sections: Indian, Chinese and Hybrid. They have also done some pre-work for your team. Foreseeing the potential implementation of activity-based costing, they have provided you with a breakdown of the clinic's yearly costs and cost drivers.

Table A: Activity cost pools, costs, cost drivers and quantities

Activity cost-pools	Cost driver	Costs	Quantity of cost driver used by:		
			Indian treatment plans	Chinese treatment plans	Hybrid treatment plans
Consulting and advising	Physician hours	\$1,260,000	3 hrs per patient	2.5 hrs per patient	4 hrs per patient
Massages	Total therapist hours in a year	\$543,500	9,900	11,600	2,504
Acupuncture and cupping therapy	No. of patients utilising the service	\$350,000	0	1,040	840
Yoga & meditation	No. of patients utilising the service	\$450,400	1,000	0	850
Dispensary	Total units of herbal remedies/medicines available in inventory for the year	\$617,400	29,160	25,900	27,260
Tai Chi and Qigong	No. of patients utilising the service	\$525,000	0	1,200	870
In-patient services (consists of all therapist costs)	No. of total patient days	\$1,868,900	7,290	6,475	6,818
Restaurant running cost	No. of meals & snacks served	\$401,369	21,870	19,425	20,454
Service staff	No. of service staff	\$970,000	8	7	5
Building rent & maintenance	Floor space occupied (square feet)	\$1,320,000	50,000	40,000	20,000
Administration expenses	No. of administration hours	\$860,000	10,010	8,008	6,006
Insurance	No. of total patient days	\$950,000	7,290	6,475	6,818
Utilities (water, electricity, gas)	Floor space occupied (square feet)	\$125,000	50,000	40,000	20,000
Equipment depreciation	No. of equipment	\$30,000	20	20	12
Supplies and disposable supplies	Total quantity of items available in inventory for the year	\$514,575	21,870	19,425	20,454
Marketing and advertising	No. of times advertising was conducted	\$144,000	60	50	70
TOTAL		\$10,934,144			

Patients utilising the Indian plan stayed on an average for 6 days and were charged \$6,000. Patients utilising the Chinese plan stayed on an average for 5 days and were charged \$5,500. Patients utilising the hybrid plan stayed on an average for 7 days and were charged \$8,750. These charges covered the entire respective treatment plans, medicines from the dispensary, restaurant food and also accommodation.

The clinic has 8 physicians, 40 therapists, 12 administration staff and 30 service staff. The physicians and administration staff are full-time salaried employees. The therapists and service staff are all hired and paid on an hourly basis. The physicians were only in charge of consultations, all types of advising and doing follow-ups with patients. Other than facing clients one-on-one, physicians also spent time writing reports and doing other paperwork. Administration staff, on the other hand, did all the detailed work involved around coordinating the complex schedules and requirements of patients. They also did all HR-related tasks. To keep things organised and structured at the clinic, 5 administration staff were dedicated towards the Indian plan, 4 towards the Chinese plan and 3 towards the hybrid plan.

Even though the clinic has 30 service staff in its roster rotation, in any given week (out of 52 weeks in a year), a total of 20 service staff are rostered at the clinic – with each staff being rostered to work variable hours. In a year, service staff carried out a range of miscellaneous activities around the clinic – with 6,500 service staff hours going towards patients in the Indian plan, 7,000 hours towards patients in the Chinese plan, and 8,200 hours towards patients in the Hybrid plan. Similarly, with therapists, although there are 40 multi-skilled therapists in the roster rotation, a total of 35 therapists are rostered in any week – with each staff working varying hours between 4 and 25 hours.

Therapists conducted all types of therapies that were advised by physicians to the patients. For activities that were physical (eg: yoga and meditation, tai chi and qigong), therapists were able to conduct sessions for any number of patients. Increasing or decreasing the number of patients per activity session did not affect therapists' ability to conduct these sessions. In a year, 4,794 one-hour yoga and meditation sessions are held (with 748 sessions conducted for patients under the Hybrid plan). Also, in a year, 2,774 one-hour tai chi and qigong sessions are held (with 2,500 of these sessions conducted for patients under the Chinese plan). On the other hand, therapists provided one-on-one time for patients when it came to massages of all types and acupuncture and cupping therapy. All these sessions were one-hour long for each patient. The following table provides details of the number of massage and acupuncture and cupping therapy sessions done.

	Indian	Chinese	Hybrid
Massages	5,854	4,640	781
Acupuncture and Cupping	0	4,460	701

The restaurant offered a wide range of organic food options and provided tailored meals and snacks to patients. The cost of restaurant food was included in the price patients paid. For the dispensary, the clinic made sure to bulk buy all its herbal remedies and medicines in order to lower the price they paid per product (for bulk buying, the clinic typically availed an overall saving of \$47,000 annually). However, of all the herbal remedies and medicines held in inventory throughout the year, 12.5% (in terms of cost) usually goes to waste as the clinic is not able to dispense all the products before they expire. About 52.5% of the products (in terms of cost) are actually dispensed to patients in the year – and out of this figure, 32% relates to patients under the Indian plan, 33% relates to patients under the Chinese plan and 35% relates to patients under the hybrid plan.

In terms of equipment, many of them were general enough (for example, massage tables and bamboo mats) that they were used across all the three sections. All equipment together were estimated to be worth \$300,000, with a useful life of 12 years, with no residual value. They were depreciated using the straight-line basis. The clinic did not think that it would be efficient to specifically identify how many patients (from each section) were utilising each equipment. Therefore in the new costing structure, they would prefer to allocate depreciation expenses as per the number

of patient in each section. Supplies and disposable supplies included a wide range of items, and the clinic spent a constant amount of \$25 on this for each day a patient stayed at the clinic.

Insurance covered the entire physical space of the clinic facility and all equipment together with future potential liabilities that the clinic might have to face. This expense was a fixed amount and the insurance contract was renewed and also paid for on a monthly basis. Marketing and advertising were done several times throughout the year, and were mostly done through social media, Google Ads, mainstream newspapers and magazines. With each ad, all three treatment plans were advertised at the same time.

Building rent, maintenance and utilities were all paid for on a monthly basis, and all three costs remained at a fixed amount. Floor space that directly related to patients and their treatment included consultation rooms, physical activity rooms, massage rooms, patient stay rooms, outdoor gardens and other therapy rooms. The three sections had their therapies/activities organised according to a scheduled timetable (arranged by the administration staff), and so all sections would end up utilising all the rooms and spaces on specific timeslots each day. Again, the clinic did not think that it would be efficient for them to specifically identify how many patients (from each section) were utilising each type of space and each type of utility. So in the new costing structure, they would prefer to allocate building rent and maintenance to each section in the ratio of total therapist hours that were spent in the three sections. They would prefer to allocate utilities to each section in the ratio of the number of total patient days in the three sections.

Upon examining the cost breakdown table given to you by the clinic's administration team, you and your team observe quite a range of flaws. Mr Smith is quite concerned about the accuracy and limitations of their cost structure, so he would like you to *succinctly* pinpoint all the flaws (and *why* they are flaws) and also their specific implications. He would also like you to *succinctly* pinpoint all the elements that the clinic's team did get correct (and how so) and which therefore do not require any modifications. In regards to this whole matter, he does not want to hear anything that is generic.

Mr Smith would also like you to make corrections to the flaws in the table (that is, prepare a new table with accurate costs and appropriate cost drivers). Then, based on corrected table, Mr Smith would like an analysis based on both their existing simple costing system and also an activity-based costing system. Specifically, he would like you to correctly calculate the gross profit of each section¹, the gross profit per client in each section, and the gross profit and the net profit of the clinic as a whole. He wants you to provide a critical analysis of these figures. He would like you to provide an analysis of whether the price being charged to patients is in line with the direct costs of serving them, and reasons for differences in gross margin numbers across the three sections.

Based on all the correct figures you have determined, Mr Smith also wants you to prepare a detailed CVP analysis to show him how each of the sections performed. To help with this task, he wants you to make a list of variable and fixed costs first. He is very keen to find out how each section is contributing to the clinic's profits. He would like to increase the clinic's total net profit by 10% (ignoring taxes) and would like to know how many more patients he would need in each ward to achieve this target. He expects to see no change in the patient mix this year.

Trusting that your team will make all necessary adjustments to the clinic's costing system, Mr Smith is now looking forward to the next year. He has therefore delegated your team to prepare a set of operating budgets for the next year, and he wants you to base them off of the corrected cost table

¹ You are meant to exclude only insurance and marketing and advertising costs in this calculation. You can also see this calculation as the direct cost of serving patients.

that you have generated. He has given the following expectations of changes. Ultimately he would like to see if, based on the following expectations, the clinic will make a higher profit or not.

Mr Smith wants your team to analyse all the detailed insights that emerge from the budgets. Overall, he is asking for a critical analysis of the estimates below to check that the clinic is on the right track in terms of raising above the stagnant profits it has been experiencing.

1. Increase the number of customers by 10% in each of the traditional (non-hybrid) plans and by 25% in the hybrid plan. The number of each type of therapy sessions should go up proportionately. The restaurant running cost will also be influenced in these same proportions.
2. The above is hoped to be achieved with an extra spending of \$100,000 on marketing and advertising.
3. No changes are expected in terms of the dispensary.
4. A 5% increase is expected for building maintenance and rent.
5. A 3% increase is expected for utilities.
6. No changes in administration expenses, insurance, service staff expense and service staff hours for each section.
7. Employ 2 more physicians who will be paid the same salary as the existing physicians. The physician hours required for each patient (in each section) will remain unchanged.
8. Change patient fees according to the new cost structure that you have recommended. Fees per patient will now be the direct cost of serving patients (as per your ABC calculations for the current year) plus 95%.

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For improved control and efficiencies, Mattusito has decided to implement SAP accounting system and wants to trial the adoption by using SAP trial version this year before committing to a full-scale implementation next year. In the proposed SAP accounting system, Mr Smith would like you to map the costs and transactions for the year 2023 (current year) as 'actual' costs and the 2024 costs as 'budgeted/planned' costs. Further, while posting and/or doing cost allocations in the SAP accounting systems, Mattusito would like you to assume that the *yearly* costs you calculate for 2023 and 2024 are the costs for the '**current month**' and post them accordingly.

For easier administration of its operations and keeping the activity-based management approach in mind, Mr Smith has organised the clinic into four departments and wants this to be reflected in SAP. They are Administration (A####), and each of the three treatment plans as Indian treatment (D####), Chinese treatment (C####) and Hybrid treatment (H####), and all of them under one single cost centre group called Mattusito corporate group (MG####).

To make it easier, Mr Smith would like you to consider all the cost elements shown in Table A as independent for mapping in SAP. After calculating the actual and budgeted costs (that have considered the improvements on cost drivers), management wants each of these costs to be charged to appropriate treatment plans i.e. Indian (D####), Chinese (C####) and Hybrid (H####), except the common costs and building maintenance and rent costs. Mr Smith identifies the costs for utilities, insurance, administrative expenses, equipment depreciation, marketing and advertising, and supplies and disposable supplies as common costs and wants them to be charged to the Administration cost centre (A####).

With regards to building maintenance and rent, Mattusito receives an invoice from a real estate agency, called ####Bell realty who is responsible for the building maintenance and rent (actual cost as calculated). This is to be charged to the Administration (A####) cost centre initially and allocated at the

end of the period. For administrative control, Mr Smith would like this cost to be allocated in SAP to each of the treatment plans – Indian (D###), Chinese (C###) and Hybrid (H###) based on the actual number of patient days. As administration has no separate patient days, Mr Smith wants you to assume them to be 2,000 patient days (to make sure some costs are allocated to Administration as well in the SAP system) and do the allocation accordingly. He wants the cost head - maintenance and rent to be clearly shown in the individual receiver cost centre reports. The budgeted costs (values calculated by you for the year 2024 using your proposed cost drivers) towards building maintenance and rent, however, are to be recorded in the system and charged to individual treatment plans i.e. Indian (D###), Chinese (C###) and Hybrid (H###).

Except maintenance and rent costs, all the other actual costs (calculated for the current year 2023) are to be posted directly in the SAP general ledger and charged to appropriate cost centres – i.e., Indian (D###), Chinese (C###) and Hybrid (H###) or A###. Similarly, the planned/budgeted costs (i.e., costs calculated for the year 2024) are to be recorded in SAP while charging to appropriate cost centres.

In addition, Mr Smith would like these common costs – both the **budgeted** costs (costs for the year 2024) and **actual costs** (costs for the year 2023) to be allocated using an appropriate allocation method that does require the identity to be shown in the receiver cost centre reports. Management policy is to charge 5% for Administration (A###), 45% for Indian treatment (D###), 40% for Chinese treatment (C###) and 10% for Hybrid treatment (H###).

Management has engaged a contractor for cleaning and this is treated as a separate department called Services (S###) department. Management would like to allocate the cost of providing cleaning services (CS###) based on the service hours. Using an appropriate allocation method, you must allocate these cleaning service costs. In the current month, this Service department (S###) has provided 1,500, 3,500, 2,000 and 500 hours of service to Indian (D###), Chinese (C###), Hybrid (H###) treatments and Administration (A###) departments, respectively. The total planned/budgeted activity for cleaning is 7,200 hours per month and the service rate is \$100 per hour.

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Part A Group:

Based on all the information analysed and the calculations your team has conducted, you need to prepare a PowerPoint presentation to report to Mr Smith. Your report should contain the following:

a. Executive summary (1 slide limit only) – provides a detailed summary of the report including background, analysis, major findings, recommendations and limitations (so that an executive reading the report will have enough detail to attend and participate at a meeting even if he/she has not read the rest of the report in detail). Please note, an executive summary needs to be thorough, detailed and succinct.

b. Background – a full description of all the important issues and their background that are relevant to the case study and your findings.

c. Analysis – provides an overview of all detailed analytical/critical *insights* generated in light of the results obtained. Calculations should not be included here (please do so in the appendices), with this section referencing the appropriate appendices. For example, the corrected cost table, the costing calculations, the list of variable and fixed costs, the CVP calculations and the budgets you have to create for this assignment should be placed in the appendices and NOT in the body of the PowerPoint report. (**Note: Do not round intermediary calculations and round your final answers to the nearest whole dollar**)

d. Findings – detail and justify all your key findings/discoveries from the analysis (this should not be a simple repetition/rephrasing of the analysis. Draw out broader findings that come out of your analysis. Take care to recognise and describe any assumptions or where additional data may be necessary to further understand the situation.

e. Recommendations – detail and justify your recommendations in line with what you have said in your analysis and findings. For example, your recommendations may include the need for further specific forms of analysis or research on identified issues. Ensure that your recommendations are reasonable/justifiable/feasible and directly address the case and/or the analyses undertaken above. Your recommendations should be specific and detailed.

f. Action Items (Next Steps) – map out a plan that highlights specific/concrete actions to be taken in order to implement any proposed changes based on the findings and recommendations noted. This should not be a simple repetition/rephrasing of the recommendations.

g. Limitations – detail specific limitations from the analyses such as assumptions made, any missing information. You can also take note of the limitations underlying the data, calculations and the case study context.

h. Appendices – include all other relevant supporting material such as detailed calculation work (that has been referenced in the body of the report). There should be NO new material or important material in the appendices.

1. **Important note:** While your calculations are important, the assignment will be assessed largely for its **critical analysis, depth and creativity**. Please do not describe/list your calculation results within the body of your report - this would be too simplistic.

2. **Report:** You are required to prepare your report using PowerPoint. The report must meet the purpose of providing details for a manager with sufficient time to sit and read the slides (you will not be required to present). The body of the report must not exceed 10 PowerPoint slides. The executive summary has a limit of one (1) slide only, i.e., the executive summary and the report together will be

a total of 10 slides. Please also include a title slide in PowerPoint with student names and SIDs (this cover slide will not be counted as one of your 10 slides).

You are strongly encouraged to be detailed but also concise in your writing style (do not waste space on stating the obvious or including tedious calculations or including definitions of management accounting terminologies or providing simplistic and obvious reasonings/interpretations). Also remember that management would normally require as much information as would be required to help them make informed decisions, while at the same time they would not prefer information overload. To reflect this, the slides should be sufficiently detailed and informative but not be overcrowded. Sufficiently informative dot-points are encouraged. Each slide must be self-explanatory, with proper headings and sub-headings. ***Make sure to see the Marking Guide for further details.***

3. Appendices: You are encouraged to provide all supporting information (including calculations) in the appendices. The appendices do not need to be in PowerPoint format – you may use Word or Excel. The appendices should be no longer than ten (10) A4 pages. Please attach the appendices at the end of the PowerPoint report.

4. Cover page: Please provide a separate cover page for your assignment submission (with student names, SIDs and email addresses). **Only one submission required per group (for the group assignment).** Cover pages can be found in Canvas.

5. Peer evaluation: Each group is required to sign and submit one (1) peer evaluation form that needs to be attached to the assignment. For example, if you were in a group of three – members #1 and #2 would jointly decide the contribution of member #3; members #2 and #3 would jointly decide the contribution of member #1; members #1 and #3 would jointly decide the contribution of member #2. You will not be required to evaluate your own contribution.

Each member should be aiming for 100% contribution. Contributions of 80% and below warrants investigation by the Unit Coordinator and a potential penalty for all group members, whether deemed to have contributed or not. In other words, if you have a non-contributing group member it is your responsibility to get that individual to contribute, and hence this being a group task – you risk being penalised as well.

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Part B: SAP component (Individual)

Weightage:	15%
Objectives:	To assess student's understanding and skills of mapping the business scenario of the case study in SAP, perform appropriate cost allocations and produce reports
Client:	414
SAP Username:	learn-### (assigned to you in workshops).
Initial password:	easysap (all small letters)

Submission requirements:

- Your submission should have:
 - Your SAP Username, i.e., **learn-###** and **student SID** in every page header.
 - A first page that includes your name, student ID, learn-### number, and a table of master data elements (G/L accounts, cost centres, cost elements, activity types, statistical key figures etc.), document numbers and/or allocation cycle numbers generated by the system and codes for your allocation cycles.
 - Appropriate screen shots of: i) **Actual distribution/assessment basic list that shows document number, cycle details, number of senders & number of receivers after final run and assessment/distribution line items display** ii) **direct activity allocation document display screen with details of document number, cost centres and allocated values (both quantities and costs) clearly shown; and iii) actual/plan/variance cost centre reports for your cost centre group (MG###) and for each of your cost centres in the group (including activity types and statistical key figures) for the entire year.** Please note the cost centre reports are not excel reports, but must be captured as screen shots from SAP cost centre actual/plan/variance reports.
 - You can place up to two screenshots in each page, and make sure they are visible (you must crop out unnecessary areas of the screenshots for better visibility).
 - One single PDF document with pages not exceeding 25 (including cover page) must be submitted. Penalties apply if the screenshots are illegible or missing, the values are incorrect, and if the assignment does not have identifying information.

Further instructions and hints:

- You must first complete the group work and arrive at calculations (of costs for various cost elements) and then start the SAP individual component. You may lose marks if incorrect cost values (due to incorrect calculations) are posted in SAP (and therefore appear in reports).
- You must first decide which master data, which transactions, and which allocation methods (for specific costs) are required to reflect the scenario and determine the reports required, execute them in the system, capture required screen shots and then submit.
- You are using SAP configured for Global Business Bikes company in client 414 and therefore you need to map and work within that firm (as you have done in SAP exercises).
- You must use the learn-### assigned to you in workshops. Using the wrong account attract heavy penalties. If not sure, please go to Canvas and check again.
- **In the SAP accounting system, you need to map the COSTS AND TRANSACTIONS for the year 2023 as ACTUAL COSTS and the costs in the year 2024 as PLANNED/BUDGETED COSTS.**

- Please remember to charge the costs (planned and actual) to appropriate cost centres as described in the business scenario.
- While posting and/or doing cost allocations in the SAP accounting system, assume that the yearly costs you calculate are for the **current month** and post them accordingly.
- You **DO NOT** have to map the revenue/income and sales volumes in SAP.
- SAP is a real-time accounting system, so you must use 01.01.2023 to 31.12.2023 for creating all your master data, today's date for all postings, and current year for all your allocations.
- Considering the limits on authorisations, complexity of the software, a focus on user perspective in workshops, and the real-time nature of the accounting system, it is easier and efficient to create new master data and transactions if mistakes are made, rather than correcting the errors. Please note, if errors are made either in the creation of master data or in performing transactions, they CANNOT simply be deleted, and the errors will therefore carry into the final cost centre reports. Marks are proportionate and depends on correct mapping of the scenario in SAP including creation of relevant master data, evidence of transactions and reports, correctness of the methods employed for allocations, accuracy of the values in the reports and overall presentation (i.e., visibility of screen shots, submission of required screen shots & identifying information).
- **Table 1** provides a list of master data codes and **Table 2** provides a list of generic field values to be used while creating master records and executing transactions in the SAP system. Failing to use the assigned codes will attract penalties.

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Table 1: Master data codes to be used in SAP

	Details of master data and transaction evidence	Master data codes
1	Bank Account	100 ###, 101### etc.
2	A/P Reconciliation account	250###, 251### etc.
3	Expense accounts (possible eighteen account codes to choose from)	700###, 710###, 730###, 750###, 770###; 780###; 790###; 500###, 510###, 520###, 530###, 540###, 550###, 560###, 570###, 670###; 680###; 690###
8	Secondary cost elements	810###, 811### etc.
9	Cost centres	As indicated in the assignment scenario
10	Cost centre group	MG###
11	Assessment cycle	A###, R###, M### etc.
12	Distribution cycle	D###, M###, F### etc.
13	Activity type	CS###, SS### etc.
14	Statistical key figure	EN### or PD### or EM### etc.

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Table 2: Generic field values to be used

Details of field	Field values
Assessment CEle	Assessed Costs
AType category – manual entry, manual allocation	1
Activity Unit – Hours	HR
Company code	US00
Controlling area / Hierarchy area	NA00
Cost centre category	H
Country (vendor record)	US
Currency	USD
Current year	2023
Key fig. cat. (category of statistical key figure)	Fixed value or Tot. values (to be determined)
Payment Terms – Payable immediately due net	0001
Plan version	0
Price Indicator – plan price automatically based on activity	1
Profit centre	NA00
Receiver Cost centre group	To be determined
Receiver Rule	To be determined
Sender Rule	Posted amounts
Sorting key (posting date)	001
Stat. Key fig. UnM. (unit measure)	D (days), MEJ (Mega joules) or PRS (persons) or other relevant UnM