

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
Your Attends Identifier	Distrib. Center Location Code	Your Contract	Your Customer's Hospital ID	Your Customer's HIN Number	Trans Type	Attends Product Code	Product Description	Quantity Sold	Unit of Measure	Rebate Amount Claimed	Invoice Date	Invoice Number	Debit Memo Number	Your Customer's Name	Your Customer's Address	Your Customer's City	Your Customer's State	Your Customer's ZIP Code	Contract Cost	Your Cost	Rebate per Unit
Text	Text	Text	Text	Text	Text	Text	Text	General	Text	General	Date 3/14/01	Text	Text	Text	Text	Text	Text	Text	General	General	General
Required	Required	Required	Required			Required		Required	Required	Required	Required	Required		Required	Required	Required	Required	Required	Required	Required	Required

Note: Code for columns A & B are supplied by Attends Healthcare Products