

COMPANY NAME CITY, STATE, ZIP CODE

000001

| VENDOR ID          | NAME                | PAYMENT NUMBER | CHECK DATE |             |          |           |     |
|--------------------|---------------------|----------------|------------|-------------|----------|-----------|-----|
| OUR VOUCHER NUMBER | YOUR VOUCHER NUMBER | DATE           | AMOUNT     | AMOUNT PAID | DISCOUNT | WRITE-OFF | NET |
|                    |                     |                |            |             |          |           |     |

COMMENT

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.



COMPANY NAME

STREET ADDRESS  
CITY, STATE, ZIP  
PHONE NUMBER

BANK NAME  
CITY, STATE, ZIP CODE

000001

ABA  
FRACTION

DATE

AMOUNT

PAY  
TO THE  
ORDER  
OF

\_\_\_\_\_  
AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈

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|                    |                     |                |            |             |          |           |     |

COMMENT