

COMPANY NAME CITY, STATE, ZIP CODE

000001

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



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

BANK NAME
CITY, STATE, ZIP CODE

ABA
FRACTION

DATE

000001

AMOUNT

PAY
TO THE
ORDER
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

000001

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COMMENT