

COMPANY NAME CITY, STATE, ZIP CODE

VENDOR COMPANY NAME			VENDOR NUMBER	VENDOR PHONE #	CHECK DATE	CHECK NUMBER
INVOICE NUMBER	INVOICE DATE	REFERENCE	INVOICE AMOUNT	TOTAL PAID	DISCOUNT ADJUSTMENT	PAYMENT AMOUNT
TOTAL						



COMPANY NAME
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE NUMBER

BANK NAME
 CITY, STATE, ZIP CODE
 ABA
 FRACTION

000001

DATE

CHECK NUMBER

PAY

AMOUNT

TO THE ORDER OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

000001