

**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
<b>TOTAL</b>						

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 CODE  
PHONE NUMBER

**BANK NAME**  
CITY, STATE, ZIP CODE  
ABA  
FRACTION

000001

DATE

CHECK NUMBER

PAY

AMOUNT

TO THE  
ORDER  
OF

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



⑈000001⑈ ⑆000000000000⑆ 000000000000⑈

**COMPANY NAME** CITY, STATE, ZIP CODE

000001