COMPANY NAME CITY, STATE, ZIP

000001

ACCOUNT NO.			VENDOR		CHECK NO:	CHECK DATE	
VOUCHER	INVOICE NUMBER	INV. DATE	REFERENCE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
						CHECK TOTAL	

Your Custom Logo Here

COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

BANK NAME
CITY, STATE ZIP

ABA
FRACTION

000001

CHECK NO. CHECK DATE VENDOR NO.

PAY

CHECK AMOUNT

TO THE
ORDER
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP

000001

ACCOUNT NO.			VENDOR		CHECK NO:	CHECK DATE	
VOUCHER	INVOICE NUMBER	INV. DATE	REFERENCE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
						CHECK TOTAL	

Form# 201

PAYMENT RECORD