

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 | |

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

ABA
FRACTION

CHECK NO.

CHECK DATE

VENDOR NO.

000001

PAY

CHECK AMOUNT

TO THE
ORDER
OF

AUTHORIZED SIGNATURE



⑈000001⑈ ⑆123456789⑆ 876543210⑈

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| | | | | | | | |
| | | | | | | CHECK TOTAL | |