

COMPANY NAME CITY, STATE, ZIP CODE

000001

VENDOR ID

NUMBER

DATE

PAYEE

MEMO

INVOICE NUMBER

INVOICE DATE

INVOICE AMOUNT

PREVIOUS PAY/CREDIT

DISCOUNT TAKEN

AMOUNT OF PAYMENT

TOTAL



COMPANY NAME

STREET ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NUMBER

BANK NAME  
CITY, STATE, ZIP CODE

ABA  
FRACTION

000001

PAY

DATE

AMOUNT

TO THE  
ORDER  
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

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