

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

000001

VENDOR NO.: NAME:

INVOICE	REFERENCE	INVOICE DATE	INVOICE AMOUNT	DISCOUNT	ADJUSTED AMOUNT	AMOUNT PAID

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 CODE

ABA  
FRACTION

000001

DATE

AMOUNT

PAY TO THE  
ORDER OF

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



⑈000001⑈ ⑆123456789⑆ 876543210⑈

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

000001

VENDOR NO.: NAME:

INVOICE	REFERENCE	INVOICE DATE	INVOICE AMOUNT	DISCOUNT	ADJUSTED AMOUNT	AMOUNT PAID