

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

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE			
DOCUMENT NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	NET	

COMMENT



**COMPANY NAME**

STREET ADDRESS  
CITY, STATE, ZIP CODE  
PHONE NUMBER

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

000001

DATE

AMOUNT

PAY

TO THE  
ORDER  
OF

COMPANY NAME

⑈000001⑈ ⑆123456789⑆ 876543210⑈

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

000001

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