

**COMPANY NAME** CITY, STATE, ZIP CODE  
VENDOR NO.: NAME:

CHECK DATE:

000001

REFERENCE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
TOTAL ▶				



**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