VENDOR NO.:   NAME:

INVOICE	REFERENCE	INV. DATE	INV. AMOUNT	DISCOUNT	ADJ. AMT.	AMT. PAID

	COMPANY NAME	**BANK NAME**	**000001**
Your Custom Logo Here	STREET ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER	CITY, STATE, ZIP CODE ABA FRACTION	

DATE   AMOUNT

PAY TO THE
ORDER OF

COMPANY NAME

⑆00000⑈ ⑆123456789⑆ 876543210⑈

COMPANY NAME CITY, STATE, ZIP CODE

000001

VENDOR NO.:   NAME:

INVOICE	REFERENCE	INV. DATE	INV. AMOUNT	DISCOUNT	ADJ. AMT.	AMT. PAID

Form# 214