

COMPANY NAME

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ACCOUNT NO.			VENDOR		CHECK NO.		CHECK DATE	
VOUCHER	INVOICE NUMBER	INV. DATE	REFERENCE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT	
							CHECK TOTAL	

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

ADDRESS 1  
ADDRESS 2  
CITY, ST 00000

BANK NAME  
CITY, STATE

ABA  
FRACTION

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PAY

CHECK NO.	CHECK DATE	VENDOR NO.

CHECK AMOUNT

TO THE  
ORDER  
OF



AUTHORIZED SIGNATURE

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COMPANY NAME

PAYMENT RECORD

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ACCOUNT NO.			VENDOR		CHECK NO.		CHECK DATE	
VOUCHER	INVOICE NUMBER	INV. DATE	REFERENCE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT	
							CHECK TOTAL	