

YOUR COMPANY NAME

123456

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
CHECK NO.		TOTALS			

YOUR COMPANY NAME

YOUR ADDRESS
CITY, STATE ZIP
YOUR PHONE NUMBER

BANK NAME
CITY, STATE ZIP

ABA
FRACTION

123456

DATE

CHECK NO.

PAY

AMOUNT

TO THE
ORDER
OF

MP

⑈ 123456⑈ ⑆ 123456789⑆ ⑈ 123456789⑈

YOUR COMPANY NAME

PLEASE DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

123456

