Payable To

Vendor/Customer Number: _____

Vendor/Customer Name: _____

Vendor/Customer Address: _____

_____

Explanation

☐ Mail Check ☐ Return Check To Requester

Total Payable: $ _____ Due Date: _____

Account Number	Allocation Amount
Total >	$0.00

_____
Requester/Authorized Signature

_____
Date

Special Remarks: