

PAYMENT ON RECEIVABLE

CENTRAL OFFICE ONLY		FIELD OFFICE		
ACCTG DATE:	<input style="width: 90%;" type="text"/>	DATE: _____		
BANK CODE:	1700	AMOUNT: _____		
BANK ACCT:	1000	ITEMS: _____		
DEPOSIT TYPE:	C	FACILITY: _____		
CONTROL AMT:	<input style="width: 90%;" type="text"/>	NAME: _____		
DEPOSIT ID:	<input style="width: 90%;" type="text"/>	COMMENTS:		
		REMEMBER TO SEND A COPY OF INVOICES W/ THIS SHEET AND CHECKS.		
LINE	PAYMENT ID	AMOUNT	ITEM ID & CUSTOMER NAME	ORDER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
PREPARED BY: _____				
ENTERED BY: _____				