PAYMENT APRON

VENDOR #	PO #	ACCT # / LINE #	AMOUNT	Please include the following:
				Account Number
MANAGER	ACCOUNTING APPROVAL			Brief Explanation of Expense
				Received by Signature
ADV #	ENTERED			Initials of Authorized Signer
				Highlight Invoice and Date
CHECK #	CHECK DATE			Write Amount of Payment
				For items tagged include fixed asset sheet

	12/0
Description (keep it short)	

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12/06