

Check Transmittal Form

| | Name of Payer | General Ledger Account Number | Check Number | Amount |
|----|----------------------|-------------------------------|--------------|-------------|
| | First name Last name | 0-0-00-000-0000 | 0000 | \$ 0,000.00 |
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| | | | Total | \$ |

| | | | |
|--------------------|--|------|--|
| Signature | | Date | |
| Department/Section | | | |