

Ending Due Date: 12/31/06
Vendor #:
Invoice #:
Discount: U
Net Debit Balance Only: N
Amount to Disburse:

Vendor		Remit To		-----Due Date-----		Total	Discount	Pay
Vendor Name	Invoice#	Invoice Date	Gross	Net				
1	EXAMPLE STATIONARY SUPPLY							
	EXAMPLE STATIONARY SUPPLY							
	IN533	12/01/06	12/31/06	12/31/06		60.00	.00	60.00
					Print Checks NO			
					Factor NO			
					Vendor Totals	60.00		60.00
	Final totals					60.00		60.00

** END OF REPORT **