

Accounts Payable Transmittal Report

Center _____

Transmittal # _____

Date _____

| | Vendor/Payee | PO# | Document ID | Document | Amount |
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The attached, listed packing list, invoices, bills or other documents represent goods or services which we have received satisfactorily and in good order.

The listed vendors should be paid for the indicated goods or services.

Center Manager Assistant _____

Center Manager or Site Manager _____