

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

(310) 207-6600 tel. (310) 207-6069 fax

Date: 3-20-15

Check Due Date: 3-20-15

AMOUNT: \$950 -

Vendor Name: Katie Micay

Address: 7660 Beverly Blvd #429

City/State/Zip: LA., CA 90036

Federal ID #: 603-81-3890

(Social Security or Federal ID number required for payment)

Contact: _____

Phone #: _____

Fax #: _____

Is vendor Incorporated? Yes No

(circle one) Purchase Rental

(circle one) Mail Check Hold for Pick Up

Rental Begins: _____

Mail to address: (if different than above)

Rental Ends: _____

DESCRIPTION: P/E 3/15 Payroll Advanced

POSTED

Date _____

Dr _____

Cr _____

Print Name

ENTERED
3/20/15
MA

Requested by: Tim Tortora

Dept. Approval: _____

UPM/Executive: _____

Accounting: (Signature)

GL/Prod	Detail	Set	F	Amount	Desc
801	00000			950 -	P/E 3/15 Payroll Advanced