

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

Date: 1-5-15

Check Due Date: A.S.A.R

AMOUNT: \$16,666.67

Vendor Name: Riversdale Pictures

Address: _____

City/State/Zip: (on file)

Federal ID #: _____

(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: Jan Fees - Michael Prevett

POSTED

Date: _____

Dr: _____

Cr: _____

Initial

ENTERED
1/7/15
MA

Requested by: Marina

Dept. Approval: _____

UPM/Executive: _____

Accounting: [Signature]

GL/Prod	Detail	Set	F	Amount	Desc
801	00000			16,666.67	Jan Fees - Michael Prevett