

CHECK REQUEST

StoryBy Entertainment

1631 21st Street
Santa Monica, CA 90404

Date: 4/6/2015

Check Due Date: _____

AMOUNT: \$12.99

Vendor Name: Fran Baruch

Contact: SA

Address: 821 Cliff Street.

Phone #: 310 570 - 9252

City/State/Zip: Pacific Palisades, CA 90272

Fax #: _____

Federal ID #: _____

Is vendor Incorporated? Yes No

(Social Security or Federal ID number required for payment)

(circle one) Purchase Rental

(circle one) Mail Check Hold for Pick Up

Rental Begins: _____

Mail to address: (if different than above)

Rental Ends: _____

DESCRIPTION: The Wild Dads Project - book

ENTERED
4/9/15
mr

POSTED

Requested by: Katie Mcay

Date _____

Dr _____

Cr _____

Dept. Approval: _____

UPM/Executive: _____

Initial _____

Accounting: H

GL/Prod	Detail	Set	F	Amount	Desc
890	00000			12.99	3/17 Amazon - Books