

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

Date: 4/10/15

Check Due Date: _____

002861

AMOUNT: \$500.00

Vendor Name: Rain Management
Allen Sison Group

Address: _____

City/State/Zip: _____

Federal ID #: _____

(Social Security or Federal ID number required for payment)

Contact: Rain Management
Allen Sison Group

Phone #: (917) 783-4574

Fax #: _____

Is vendor Incorporated? Yes No

(circle one) Purchase Rental

Rental Begins: _____

Rental Ends: _____

(circle one) Mail Check Hold for Pick Up

Mail to address: (if different than above)

DESCRIPTION: Sonar presentation

ENTERED
4/15/15
MA

POSTED

Requested by: Katie Micay

Date: _____

Dept. Approval: _____

Dr

Cr

UPM/Executive: [Signature]

Initial

Accounting: _____

GL/Prod	Detail	Set	F	Amount	Desc
845	00000			500-	Sonar Presentation

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

00286

Date: 04/10/15

Check Due Date: _____

AMOUNT: ~~\$12.58~~ 18.15

Vendor Name: ~~Amazon~~ Rain Management Group Contact: Rain Management Group
Address: _____ Phone #: (310) 910-5962
City/State/Zip: _____ Fax #: _____
Federal ID #: _____
(Social Security or Federal ID number required for payment)

Is vendor Incorporated? Yes No

(circle one) Purchase Rental
Rental Begins: _____
Rental Ends: _____

(circle one) Mail Check Hold for Pick Up
Mail to address: (if different than above) _____

DESCRIPTION: Book

ENTERED 4/15/15 POSTED
MA
Date _____ Requested by: Katie Micay
Dr _____ Dept. Approval: _____
Cr _____ Initial _____ UPM/Executive: _____
Accounting: ✓

GL/Prod	Detail	Set	F	Amount	Desc
890	00000			18.15	4/10 Amazon - book