

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

Date: 5/20/2015

Check Due Date: _____

AMOUNT: \$500.00

Vendor Name: Rain Management

Address: _____

City/State/Zip: _____

Federal ID #: _____

(Social Security or Federal ID number required for payment)

Contact: Rain Management Group

Phone #: 310 954 9520

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: Charity donation for event. - Reims

POSTED

Date _____

Dr _____

Cr _____

Requested by: Katell Micay

Initial

Dept. Approval: _____

UPM/Executive: _____

Accounting: [Signature]

ENTERED
5/20/15

MA

GL/Prod	Detail	Set	F	Amount	Desc
831	00000			500 -	Donation - Right to laugh