

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

Date: 3-30-15

Check Due Date: ASAR

AMOUNT: \$ 950 -

Vendor Name: Katie Micay

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: P/E 3/31 Payroll Advanced

ENTERED
3/30/15
MA

Requested by: Tim

POSTED Date: _____ Dept. Approval: _____

Dr. _____ UPM/Executive: _____

Cr. _____ Accounting: [Signature]

(Initial)

GL/Prod	Detail	Set	F	Amount	Desc
801	00000			950 -	P/E 3/31 Payroll - Micay