

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

Date: 2-5-15

Check Due Date: A.S.A.P.

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
Rental Begins: _____
Rental Ends: _____

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

DESCRIPTION: Feb Fees - Michael Prevett

ENTERED
2/5/15
MA

POSTED
Date _____
Dr _____ Requested by: Marina
Cr _____
Initial _____ Dept. Approval: _____
UPM/Executive: _____
Accounting: H

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