CHECK REQUEST

Date: 04/7/20/5	
Story BY 1631 21st Street Check Due Date:	
Santa Monica, CA 90404 (310) 207-6600 tel. (310) 207-6069 fax AMOUNT: \$131.88	
/endor Name: Kiln Hanagement Group Address: 1631 21 St St. City/State/Zip: Savta Monica, CA 90 404 Federal ID #: (Social Security or Federal ID number required for payment) Contact: Jonathan Baruch Phone #: (310) 954-9520 Fax #: Is vendor Incorporated? Yes No	<u>-</u>
(circle one) Purchase Rental (circle one) Mail Check Hold for Pick Rental Begins: Mail to address: (if different than above	•
DESCRIPTION: 4/7 Client Crafty	
Requested by: Katic Micay Dept. Approval: DrUPM/Executive: CrAccounting:	
GL/Prod Detail Set F Amount Desc \$30 0000 131.88 4/2 Wally's - Client Galfy	

CHECK REQUEST

						Date: 4/+/2015
	Story	BY				
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Sar	nta Monica	a, CA 9	0404			
(310) 207-	6600 tel. ((310) 2	07-60	069 fax		lh in
						AMOUNT: \$10-62-11.63
/endor Name	. Rain	Ma	110	elmont o	Sau c	contact: Johathan Bayuch
Addense	. 11 21	715	+ 0	gionent (·lound	Contact: SUNCONCIN BOW WCh
		aM	MIC	a, CH 901	104	Fax #:
Federal ID #		douel I	D	mber required	1 6 - 11 - 1 - 1	Is vendor Incorporated? Yes No
(Social Secu	rity or re	derai i	D NU	mber required	i tor pay	/ment)
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					Cr	Accounting:
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GL/Prod	Detail	Set	F	Amount	Desc
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