

CHECK REQUEST

Story BY

1631 21st Street

Santa Monica, CA 90404

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

Date: 5-6-15

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

AMOUNT: \$ 7,500-

Vendor Name: Rain Management

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: Prod fee Vampire Musical

ENTERED
5/6/15
MA

POSTED
Date Requested by: Tina Tortora
Dr. Dept. Approval: _____
Cr. _____
UPM/Executive: JA
Initial
Accounting: _____

GL/Prod	Detail	Set	F	Amount	Desc
704	15001			7,500-	Producer Fee