

**CHECK REQUEST**

**CR1007**

Date: 2015-07-14

Check Due Date: 2015-07-15

AMOUNT: \$ 500.00

Vendor Name: Devynne Lauchner  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Federal ID #: 00-01900002  
(Social Security or Federal ID number required for payment)

Contact: \$ \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

(circle one) ☐ Purchase ☐ Rental  
Rental Begins: \_\_\_\_\_  
Rental Ends: \_\_\_\_\_

**DESCRIPTION:**      Props Dept. PC

**APPROVED**    **07/14/2015**  
Requested By:    Richard Hagerty  
                         Tim Tortora            07/14/2015

Distribution

GL / Prod	Amount	Desc
2800	500.00	Props Dept. PC