

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

Requested By: Richard Hagerty

Distribution

GL / Prod	Amount	Desc
2800	500.00	Props Dept. PC