

CHECK REQUEST

CR15009

OL Productions Peabody 2015

1041 Formosa Ave., SME Building 111/113
West Hollywood, CA, 90046
323 850-2822

Date: 2015-06-15

Check Due Date: _____

AMOUNT: \$ 24.80

Vendor Name: William Miller

Address: 2633 Waverly Dr.

City/State/Zip: Los Angeles, CA, 90039

Federal ID #: 098-70-2895

(Social Security or Federal ID number required for payment)

Contact: _____

Phone #: _____

Fax #: _____

(circle one) ☐ Purchase ☐ Rental

Rental Begins: _____

Rental Ends: _____

DESCRIPTION: working meals - reimbursement

Requested By: Allison Schwartz
Allison Schwartz 06/15/2015

Distribution

GL / Prod	Amount	Desc
1100	24.80	working meals - reimbursement