

CENTRAL PRODUCTIONS LLC
The Nightly Show with Larry Wilmore SEASON 2
CHECK REQUEST

DATE REQUESTED: _____ **AMOUNT OF CHECK:** \$ _____

REQUESTED BY: _____ **DEPT:** Production

MAIL _____ **HOLD FOR OFFICE PICKUP** _____ **DELIVER TO:** _____

CHECK PAYABLE TO: _____

ADDRESS: _____

CONTACT: _____

PHONE NO: _____ **FAX NO:** _____

INCORPORATED? _____ YES _____ NO

FED.ID #: _____ **S.S. #** _____
(req'd for individuals)

PAYMENT FOR: (Specify quantities, rates, terms, etc.)

#	DATE	VENDOR	DESCRIPTION	COST	CODE- ACCT ONLY
1					
2					
3					
4					
5					

RENTAL: _____ **PURCHASE:** _____ **OTHER:** _____

**** Check requests will not be processed without the approvals below ****

APPROVAL: _____
Production Accountant Line Producer/Prod Manager

[audit dept.]
Date issued: _____ Check # _____ Acct.# _____ Set# _____ Amount: _____
Acct.# _____ Set# _____ Amount: _____
Posted G/L# _____ Acct.# _____ Set# _____ Amount: _____