ACCOUNTS PAYABLE		V	CHR#			
Check Request						
DATE 12/14/17						
A/P USE ONLY	VENDOR NO.			A/P USE ONLY		
SSN#: (use only if vendor name is a person)	me			Invoice #:		
VENDOR NAME:	International Music Network Dba Scott Southard Talent, Inc.			Invoice Date:		
VENDOR ADDRESS:	278 Main Street	278 Main Street		Due Date:		
	Glouceater, MA 01930)				
				A/P Initials:		
ACCOUNT NUMBER:	15-27400-5444-753 Reg	gina	AMOUN	T \$ 6,500.00		
ACCOUNT NUMBER:			AMOUN	T \$		
ACCOUNT NUMBER:			AMOUN'	Т\$		
	TOTAL DOLLAR AMOU	JNT:		\$ 6,500.00		
DESCRIPTION: Deposit for	ESCRIPTION: Deposit for the Regina Carter performance on 2/24/18 in the Wentz Concert Hall					
Please make check payable and send to the above address.						
INITIATOR: Tami Kidd-Brown		EXTENSION: 5365				
DEPARTMENT NAME:						
APPROVAL:						

	Department Head/Date,	Business Office/Date			
PROCEDURES:		☐ Attach supporting documentation to this form. When a copy of the backup is required to be mailed with the check, include the original and an additional copy.			
	☐ Be sure that all forms are TYPEI request will be returned.	\Box Be sure that all forms are <u>TYPED</u> AND COMPLETELY FILLED OUT or request will be returned.			
		☐ Checks will be available for mail or pick-up on Friday for requests received by 3:00 p.m. on the previous Friday.			
	extension on this form and indicate	☐ If the check is to be picked up, please be sure to include your phone extension on this form and indicate in the "Special Instructions" box below that the check should be held for pick up. Otherwise the check will be mailed.			
SPECIAL INSTRUCTIONS:					

FORWARD TO ACCOUNTS PAYABLE