

SUBMITTED BY: (CHECK ONE)

_____ EMAIL

_____ HARD COPY

CHEQUE REQUEST

DREAM MOMS ROAD PRODUCTIONS LTD.

1950 FRANKLIN STREET, VANCOUVER, BC, V5L 1R2

PHONE: 604-257-4720

FAX: 604-257-4739

****INVOICE (INCLUDING GST#, IF APPLICABLE) MUST BE ATTACHED****

*****INSUFFICIENT INFORMATION WILL DELAY PROCESSING*****

DATE OF REQUEST: _____

AMOUNT REQUESTED: _____

NET AMOUNT: \$ _____

(Including PST)

CDN

US

GST: \$ _____

VENDOR INFO:

CHEQUE PAYABLE TO: _____

ADDRESS, CONTACT NAME, PHONE #: _____

GST #: _____

PURPOSE OF REQUEST:

DEPOSIT RENTAL FROM: _____ TO: _____

PURCHASE DATE OF PICKUP FROM ACCOUNTING _____ or MAIL

DESCRIPTION OF USAGE:

REQUESTED BY: _____

DEP. APPROVAL: _____

DEPARTMENT: _____

PROD. APPROVAL: _____

ACCOUNTING ONLY: acct. distr. _____ \$ _____

_____ \$ _____

TRANS. # _____ \$ _____