SUBMITTED BY: (CHECK ONE) _____EMAIL _____HARD COPY

CHEQU	E REQUEST	
	DAD PRODUCTIONS LTD. ET, VANCOUVER, BC, V5L 1R2 FAX: 604-257-4739	
	IF APPLICABLE) MUST BE ATTACHED** ATION WILL DELAY PROCESSING***	
DATE OF REQUEST:		
AMOUNT REQUESTED:	NET AMOUNT: \$ (Including PST)	
CDN US	GST: \$	
VE	NDOR INFO:	
	GST #:	
PURPOS	SE OF REQUEST:	
DEPOSIT DEPOSIT	NTAL FROM: TO:	-
PURCHASE DATE OF PICKUP DESCRIPTION OF USAGE:	P FROM ACCOUNTING or	□ MAIL
REQUESTED BY:	DEP. APPROVAL:	
DEPARTMENT:	PROD. APPROVAL:	
ACCOUNTING ONLY: acct. distr.	\$	
	A	
	\$	