CHECK REQUEST

Issue Check To: Lance McBride

SSN *(if Individual and Non-Employee)* :

Tax ID (*if company and new vendor)*

Address: 7700 Sandholdt Rd.
Moss Landing, CA 95039

Amount: $ 62.83

Mileage Reimbursement: 0 miles @ $0.405/mile **Amount:** $0.00

Project Number: 708444

Account Number: 5360-000

Reference Number *(if applicable)* :

PO Number *(if applicable)* : PO-

Description of Payment: For printed circuit board fabrication

Date Check Required: 7/15/2005

Disbursement:

- [ ] Mail Check to Above Address
- [x] Return Check to Lance McBride
- [ ] Hold Check for COD Delivery

Submitted By: Lance McBride **Date:** 7/11/2005

Print Name Clearly

Approved By:

Print Name Clearly

Date:

Signature

If reimbursement - attach original receipt
If paperwork needs to be mailed with check - attach original & copy

Revised 6/20/05