To: Cash Receipts Unit
Business Accounting Branch
333 S. Beaudry Ave., 26th Floor, Los Angeles, CA 90017

From:

Telephone# _____

SUBJECT: *Request to deposit checks for Cellular Reimbursement*
For Fiscal year: _____

Please use the following accounting lines to process the attached check(s).

Vendor Code: **2000001119**

Tel No.	Payer	Cost Center	Fund	Functional Area	GL Account	Internal Order/WBS	Check Amt.

Approved By: _____

Signature: _____

Date: _____