

CATAMARAN MEDIA COMPANY, L.L.C.

CHECK REQUEST

DATE ____ ____ ____

Please issue check in the amount of \$ _____

Payable to _____

Street _____

CSZ _____

Reason for payment

Date Needed ____ ____ ____ Mail Directly _____

Requested By _____ Approved By _____

Authorized By _____ G/L Account # _____