

OSU Payment Request

Accounting <i>35T 2D</i>	
Acctg Ref _____	Date _____
Prepared By <i>130115529</i>	
Approved By _____	

Pay To: SPACES

Send Check 1804 North Van Ness

Hold Check in _____

Accounts Payable Los Angeles, California 90028

Soc. Sec. No.: / /

Date 9/22/87

Vendor No.: SPOS19

Description (Attach Additional Sheets If Necessary)

One year's membership with SPACES Institution. This will keep the University Gallery/Wexner Center personnel informed on large-scale folk/art environment, exhibitions, lectures, recognition of artists and will include a Newsletter.

Total Payment Requested **\$35.00**

Account	P.O.	Vendor or Payee (Limit 20 Spaces)	Amount	D/C	User Ref
<i>0209</i>					
200207-601		SPACES	35 00	D	
	<i>00087</i>	<i>15326</i>			
		<i>Code 99</i>			
		<i>lon # 30</i>			

Charge To
(For Additional Lines Use Part 2 Form- Stores 53711)

Approvals

Martha Logan 9/22/87 2-0330
 Department Contact Date Telephone
Jonathan Sherris 9/22/87 W.D. Starks
 Department Chairman Date College/Dean Date