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### FISCAL AGENCY CHECK REQUEST FORM

1. Use a separate Check Request Form for each check requested.
2. Include all applicable **original receipts and/or invoices**, with each Check Request Form.
3. The person registered as the "Authorized Signature" with The Ed. Fund must sign each Check Request Form.

Date of Request: \_\_\_\_\_  
Month Day Year

The \_\_\_\_\_ requests that The Ed. Fund, acting only as  
*Name of group, organization or project*

Fiscal Agent, issue the following check:

1. Make check payable to: \_\_\_\_\_
2. Amount of check: \_\_\_\_\_
3. Funding Source (e.g., Contract # if applicable): \_\_\_\_\_
4. Date check is due: (*Allow 14 working days for The Ed. Fund to issue a check*): \_\_\_\_\_
5. Send check to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number/Email: \_\_\_\_\_
6. Purpose of Check: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Please print name of authorized requestor

For Ed. Fund Use: Check #

Date issued

Amount of Check