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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 _____