



WEST CONTRA COSTA PUBLIC EDUCATION FUND

217C W Richmond Ave, Richmond, CA 94801

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FISCAL PROJECT 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

_____ requests that The Ed Fund, acting as Fiscal Sponsor, 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