



WEST CONTRA COSTA PUBLIC EDUCATION FUND

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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

The _____ 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