



Check Request Form

1. Submit one Check Request Form for each person, school, or vendor receiving a check by close of business Monday via email to Foundation@ecsdfl.us.
2. Attach supporting document(s) (receipts or invoices).
3. Foundation Bookkeeper will process check request on Tuesday.
4. Checks will be delivered Wednesday, based on the preference selected below:

___ Mail Check internally through Courier to: ___ - ___*

**If your office is at the Hall Center, the Check will be placed in your mailbox.*

___ Mail Check externally to (include complete mailing address):

5. Please call 850-430-7457 or email Foundation@ecsdfl.us with any questions.

Request Made By _____ Date _____

Email Address _____ Phone _____

School/Department _____

Purpose of Check _____

Approved By _____ / _____

***Required**

Signature of Account Manager / Printed Name

Check Payable To _____

Check Amount _____

Account Name / Number _____

ECPSF Use Only

Date Received	Funds Available	Method of Delivery