

CHECK REQUEST FORM

EDUCATION CONSORTIUM OF CENTRAL LOS ANGELES

2801 S. Hoover Street, Los Angeles, California 90007
(213) 743-4516 phone (213) 743-4511 facsimile

I (name) _____ hereby request that a check be issued for expenses related to the _____ program.

- Attach **original** estimates or invoices for the amounts listed below.
- Small papers must be mounted on 8 ½ x 11" sheet of paper (as many as fit to a page. Use the back of this page, or backs of recycled pages welcome).
- Submit this form with receipts to ECCLA by: U.S. Post; through USC campus mail (mailcode 7740); please **do not fax** unless this is an emergency **and** you have contacted ECCLA in advance.

Checks for under \$500 generally take **10 business days**, \$500 or more take **15 business days**. If you need a faster turn-around, you must make arrangements with ECCLA.

Date requested: _____ Date you request check to be ready: _____

Check is to be (check one):

picked up at ECCLA office mailed directly to business other _____

Check to be issued to: (all information below is required)

Vendor/Name to appear on check _____

Business address _____

City, State, Zip _____

Business Phone _____ business e-mail (if avail) _____

ITEM	PURPOSE	AMOUNT
_____	_____	_____ \$
_____	_____	_____ \$
_____	_____	_____ \$
	TOTAL	\$ _____

Request approved by _____
PRINT NAME PHONE

APPROVER SIGNATURE APPROVER E-MAIL

FOR OFFICE USE ONLY