

VECTOR CONTROL JOINT POWERS AGENCY

1750 Creekside Oaks Drive, Suite 200

Sacramento, CA 95833

(916) 244-1118 ~ Fax (916) 244-1199

Email: alex.gilbert@sedgwick.com

MEMBER CONTINGENCY FUND WITHDRAWAL FORM

MEMBER: _____

Please type or write your District's name

I. INSTRUCTION:

Please complete the following if you wish to pay VCJPA invoices with, or withdraw funds from, the District's Member Contingency Fund account:

1. Review your latest Member Contingency Fund Statement to ensure adequate funds are available to pay the selected invoice(s) or fund the withdrawal;
2. Complete the table below to indicate the invoice(s) to be paid; For fund withdrawal only, please leave item II blank and complete item III;
3. Certify the transaction by checking the applicable payment instruction(s), signing and dating the form; and
4. Return the signed form via mail, or email to the mailing address/email address on the top of this form.

If you have any questions, please call Alex Gilbert at 916-244-1118

II. APPLY FUNDS TO THE FOLLOWING INVOICES:

	Invoice #	Amount	Description
1.			
2.			
Total			

III. FUND WITHDRAWAL:

- Please withdraw \$_____ from the District's Member Contingency Fund. Please send check to the District's address at _____

IV. CERTIFICATION:

- Please apply monies from the District's Member Contingency Fund account to the selected invoices noted in item II above.
- Please remit payment to the District as specified in item III above from the District's Member Contingency Fund account.

Print Name

Signature

Date