



**Fiduciary Trust Account**  
**Authorization for Expenditure of Funds**

DATE \_\_\_\_\_ HOLD \_\_\_\_ MAIL \_\_\_\_

This is your authorization to make a check payable to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT TO BE CHARGED \_\_\_\_\_

	DESCRIPTION	Quantity	Unit Price	Amount
<u>Information/Documentation Required:</u>  Description/Details of purchase/service rendered  Date & location of proposed activity  Attach any Original Receipts/Invoices  <b>FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING</b>				
			SUBTOTAL	
			Shipping	
			TOTAL	\$

Requested By \_\_\_\_\_ Phone \_\_\_\_\_

Account Custodian Approval \_\_\_\_\_ Date \_\_\_\_\_

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

Received By \_\_\_\_\_ Date Rec'd/Mailed \_\_\_\_\_