



Greater Indianapolis Progress Committee

## FISCAL AGENT AUTHORIZATION FORM: RECEIPT OF REPORTS

Please return an executed copy of this form within 5 business days of receiving the detailed transaction reports.

Date: \_\_\_\_\_

Account: \_\_\_\_\_

Account Balance: \$ \_\_\_\_\_

I, \_\_\_\_\_, hereby attest that I have reviewed and understand the detailed transaction reports provided to me on \_\_\_\_\_. I further attest that the account balance and all transactions shown are accurate to the best of my knowledge.

### Authorized Fiscal Agent Officer:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name