



Greater Indianapolis Progress Committee

## FISCAL AGENT AUTHORIZATION FORM: TRANSFER REQUEST

Transfer requests of \$200 or more require the signature of the Chief of Staff.

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

Authorization of a transfer in the amount of: \$ \_\_\_\_\_

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

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

Reason for the transfer: \_\_\_\_\_

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### Authorized Fiscal Agent Officers:

*Originating Account:*

*Receiving Account:*

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

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

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

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

### GIPC Executive Director:

### Chief of Staff:

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

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

Elizabeth L. White  
Printed Name

Taylor Schaffer  
Printed Name