



Fiscal Partners Account Application

Authorization of Fiscal Partner Liaison

As of _____ [insert today's date], _____, [insert partner name] has authorized the individual(s) named below as the designated Fiscal Partner Liaison/s (with authority to approve expenditures) for the Fiscal Partner Account designated for _____ [insert partner name].

Signature of Fiscal Partner Authorized Representative

Date

Printed Name and Title of Fiscal Partner Authorized Representative

Designated Project Liaison Info

Printed Name of Fiscal Partner Liaison

Phone (circle) HOME WORK CELL

Mailing Address

E-Mail Address

Signature of Fiscal Partner Liaison

Date

Position with Organization:

- Chair
- Treasurer
- Other (please specify) _____

Optional - Additional Fiscal Partner Liaison Info

If desired, Partner may designate an additional Fiscal Partner Liaison with equal authority to approve expenditures. No more than two individuals may be authorized as Liaisons at one time.

Printed Name of Additional Liaison

Phone (circle) HOME WORK CELL

Mailing Address

E-Mail Address

Signature of Additional Project Liaison

Date

Position with Organization:

- Chair
- Treasurer
- Other (please specify) _____