



## FUND DISBURSEMENT AUTHORIZATION FORM

The \_\_\_\_\_ Fund Advisory Committee authorizes the following individual(s) to request disbursements from this Fund (at least two but no more than four individuals must be listed):

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person authorized

\_\_\_\_\_  
Signature

Disbursements from the above-referenced fund in excess of \$5,000 per request require the signatures of two of the authorized individuals.

We authorize the above-named individuals to request disbursements from this Fund.

\_\_\_\_\_  
Fund Advisory Committee  
Chair

\_\_\_\_\_  
Fund Advisory Committee  
Secretary or Treasurer

Date \_\_\_\_\_