FAST OFFERING
AUTHORIZATION FORM

Date:__/__/__

Please use this form when authorizing fast offering expenditures. The Bishop must authorize every fast offering expenditure before checks can be printed. Attach receipts/ acknowledgements to this form.

__ H (Housing) Month/Details:_____

__ M (Medical) Details:_____

__ U (Utilities) Month/Details:_____

__ O (Other) Details:_____

Person receiving fast offering benefit:_____

Amount:_____

Make Check Payable To: _____

Address:

_____

_____

_____

Bishop's Signature:_____