

**York College Auxiliary Enterprises, Inc.
Jamaica, New York 11451**

WITHDRAWAL REQUEST

Fund Charged _____

Purpose of Expense _____

Make Check Payable To: _____

The Sum of _____ dollars

\$ _____

Please Check One:

_____ Check to be picked _____ Ext. _____

_____ Mail check to: _____

I hereby certify that the above expenditures are legitimate and necessary for the operation of the Organization and are made within the budgetary limitations.

Date _____ Authorized Signature _____

For Business Office Use Only: Prepared by _____

Account Number _____

Invoice #s _____

I certify that this request is correct and just, and payment is approved: _____

Check #: _____ Check Date: _____ Amount: _____ Prepared By: _____

Check to be picked up by: _____ Ext: _____

Mail check to: _____ Date: _____

Check Received By: _____