

Doc. # _____
Code # _____
Chec # _____

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 to be picked up by _____ Ext. _____

Check _____

One: _____ 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 _____

Treasurer

Authorizing memo attached from _____

BILLS OR RECEIPTS MUST BE ATTACHED TO THIS VOUCHER

FOR BUSINESS OFFICE USE ONLY

Checking Account Auxiliary Enterprises # _____

Date Paid _____ Amount _____

I ACKNOWLEDGE THAT RECEIPTS ARE REQUIRED.

CHECK RECEIVED _____