York College Association, Inc. Jamaica, New York 11451

WITHDRAWAL REQUEST

Charge To			
	Name of Associat	ion or Student Organiza	ation
Purpose			
Make Check Pa	yable To		
The Sum of			
			\$
PLEASE CHECH	CONE:		
	TO BE PICKED UP		
MAIL C	НЕСК ТО		
are legitimate and	_		e stated above. These expenditures n, and are made within the budgetary
Date	Student Treasurer or Organization Officer		
Date	Faculty Advisor		
Date	Direct or Student Activities		
Date	Vice President Student Development		
For Business Office Use Only:		Prepared by	
I certify that thi	is request is correct and just, a	nd payment is appr	oved:
Check #:	Check Date:	Amount:	Prepared By:
Check to be picked up by:			Ext:
Mail check to:			Date:
Check Received	Ву:		