York College Child & Family Center
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: _____