

YORK COLLEGE ASSOCIATION, INC
JAMAICA, NEW YORK 11451

WITHDRAWAL REQUEST

CHARGE TO _____
Name of Association or Student Organization

PURPOSE _____

**INVOICE OR RECEIPTS MUST BE ATTACHED TO THIS VOUCHER AND
SUBMITTED WITHIN ONE WEEK AFTER THE ACTIVITY. RECEIPTS MUST
COMPLY WITH PURCHASING GUIDELINES. FAILURE TO COMPLY WITH
GUIDELINES MAY FREEZE ORGANIZATIONAL FUNDS.
PLEASE ALLOW TWO WORKING DAYS FOR CHECK PROCESSING.**

MAKE CHECK PAYABLE TO _____

THE SUM OF _____
\$ _____

PLEASE CHECK ONE:

_____ CHECK TO BE PICKED UP
_____ MAIL CHECK TO _____

We hereby certify the above expenditures are being made for the purpose stated above. These expenditures are legitimate and necessary to the operation of the student organization, and are made within the budgetary limitations set by the College Association.

Date _____ Student Treasurer or
Organization Officer _____
Date _____ Faculty Advisor _____
Date _____ Director of
Student Activities _____
Date _____ Vice-President
Student Development _____

FOR BUSINESS OFFICE USE ONLY

Checking Account _____ # _____

Date Paid _____ Amount _____

I ACKNOWLEDGE THAT RECEIPTS ARE REQUIRED.

CHECK RECEIVED _____

August 1998