



**Inter Residence Hall Council**  
*New York University*

**Account Withdrawal Form**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all receipts and accompany each with a sufficient description:

*Receipt One-* Place of Purchase: \_\_\_\_\_ Cost: \_\_\_\_\_

Description: \_\_\_\_\_

*Receipt Two-* Place of Purchase: \_\_\_\_\_ Cost: \_\_\_\_\_

Description: \_\_\_\_\_

*Receipt Three-* Place of Purchase: \_\_\_\_\_ Cost: \_\_\_\_\_

Description: \_\_\_\_\_

*Receipt Four-* Place of Purchase: \_\_\_\_\_ Cost: \_\_\_\_\_

Description: \_\_\_\_\_

*Receipt Five-* Place of Purchase: \_\_\_\_\_ Cost: \_\_\_\_\_

Description: \_\_\_\_\_

Funds Withdrawn: \_\_\_\_\_

Overage to Deposit: \_\_\_\_\_

Date of Deposit: \_\_\_\_\_

Budget to be Debited: \_\_\_\_\_