



**Inter Residence Hall Council**  
*New York University*  
**Check Request Form**

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

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

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

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

*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: \_\_\_\_\_

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

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

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Funds Requested: \_\_\_\_\_ Make Check Payable To: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer's Initials: \_\_\_\_\_