## AUXILIARY SERVICES CORPORATION OF MOHAWK VALLEY COMMUNITY COLLEGE INTERNAL FUNDS

Please draw checks as listed below and charge against funds of...

| 1st Line – PAYEE'S NAME           | TOTAL  | CHECK  |
|-----------------------------------|--------|--------|
| 2nd Line - JUSTIFICATION          | AMOUNT | NUMBER |
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| Organization Authorized Signature |        |        |
| Organization Authorized Signature |        |        |
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| Faculty Advisor                   |        |        |
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| DATE CHECK(S) WRITTEN             |        |        |
| Diffe check(s) with the           |        |        |