

**Peter Cooper PTO  
Check Request  
Treasurer's Record**

Date of Request: \_\_\_\_\_

Payee: \_\_\_\_\_

Amount: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Please attach all backup and original receipts for reimbursement. Please note, the backup must equal the total amount being requested.

Approved by: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_