



Application – To be Completed by Employee

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Employee Title: _____

Amount of Funds Requested \$ _____

Describe the nature and extent of the need regarding your request (attach additional page if necessary), including supporting documentation relating to the expenses (e.g., photographs, receipts)

COMPLETE ATTESTATION & SIGNATURE ON NEXT PAGE



Attestation & Signature

___ I understand I may be asked to submit other supporting information to evaluate my request.

Notice to Applicant

Obtaining money by false pretenses is a serious offense, which may, in many circumstances, constitute a felony. Please make every effort to accurately state the facts in this Application. In completing this Application, you should not exaggerate your need nor understate your financial resources, as well as be prepared to document all expenses that you identify.

Statement of Compliance

The undersigned hereby states that the information submitted in this Application is true and complete. The undersigned hereby states that the expenses listed in this Application are accurate, and can be verified.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

SUBMIT YOUR COMPLETED APPLICATION

Completed and signed applications should be emailed to: MFund@mpgus.com