

Name:	
Address:	
Home Phone:	Cell Phone:
E-mail:	
Amount of Funds Requested \$_	
	the need regarding your request (attach additional page if documentation relating to the expenses (e.g., photographs,

## **Application – To be Completed by Employee**

## **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: <u>HRBenefits@mpgus.com</u>