

# Mann PTO Check Request

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

Expense or Reimbursement Amount: \$ \_\_\_\_\_ If applicable: attach receipts and/or (hours x rate)

Activity / Committee:  
\_\_\_\_\_

Requestor:  
\_\_\_\_\_

Requestor Mailing Address:  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Make Check Payable to:  
\_\_\_\_\_

Payable Address: (include if different from Mailing address above)  
\_\_\_\_\_

Date Check Needed By:  
\_\_\_\_\_

Check delivery options: (check one):

- Mail to Requestor:
- Mail to Vendor / Supplier:
- Drop off at Mann Office

Please provide answers to the following:

What will funds be used for?

Who benefits from request?

Please email [pamelamrogers@gmail.com](mailto:pamelamrogers@gmail.com) or [marykostopoulos@yahoo.com](mailto:marykostopoulos@yahoo.com) with any questions.  
Please submit MannPower check requests to [pamelamrogers@gmail.com](mailto:pamelamrogers@gmail.com)