

**MPS and Related Diseases  
Regional Social Event Grant Application  
Request for Reimbursement of Funds**

*Return to: National MPS Society  
4220 NC Hwy 55, ste 140  
Durham, NC 27713  
p: 919.806.0101 f: 919.806.2055*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Region \_\_\_\_\_ Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Location & Type of Event \_\_\_\_\_

# of Families invited \_\_\_\_\_ # in Attendance \_\_\_\_\_

Have you requested reimbursement funds before?    \_\_\_ Yes    \_\_\_ No

If so, when \_\_\_\_\_

Reimbursement funds are requestd for (attach receipts):

Food	\$ _____	Facilities	\$ _____
Paper Products	\$ _____	Other _____	\$ _____
Entertainment	\$ _____		

**TOTAL REQUESTED \$ \_\_\_\_\_**

**The following statement must be signed to validate this request:** I am requesting reimbursement funds from the National MPS Society for an MPS Regional Social Event Picnic that I organized and held. The funds have been used for the stated purposes, and I have submitted receipts for expenditures incurred from the event. I have included a short article about the event and pictures for *Courage* Magazine and am submitting this information within 30 days of the event. I attempted to solicit some donated items or otherwise minimize the cost of the event.

**Signature** \_\_\_\_\_