



**PLUS Reimbursement Form
(Parents Lending United Support)**

***Please allow 5 business days after submitting this form for the reimbursement check to be mailed out.

Payment Information:

Amount: _____

Payable to: _____

Address: _____

Phone: _____

PLUS Project Description: _____

Project Chairperson: _____

Approved: Yes No

Description of Expense (food, decorations, etc.):

To be reimbursed you must have a copy of all receipts and approval from the project chairperson.

MSMS Foundation
C/o MSMS PLUS treasurer
1100 College Street
MUW-190
Columbus, MS 39701