Miller-Dwan Foundation *Support for a healthier region.*

Head of the Lakes Organ Transplant Group Reimbursement Form

Date of Request

Authorized Signature

Date Check Needed

Amount of Check

Payable to: _____

Address: _____

_____

_____

Social Security Number: _____

Description of Expense:

Date	**Expense Detail**	**Amount**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fill out check request and mail to:

Traci Marciniak, Program Director
Miller-Dwan Foundation
502 E. Second Street
Duluth, MN 55805
(218) 786-2823

For office use only:
Designated Fund Award #: _____