TB Control Treatment Assistance Program
REIMBURSEMENT REQUEST

AMERICAN LUNG ASSOCIATION® IN WISCONSIN

Make check payable to: _____

Mail check to the attention of: _____

Agency name: _____

Address to where check should be mailed: _____

_____

_____

_____

Total reimbursement amount requested: _____

Signature: _____

Date: _____

Please return with additional documentation to:

American Lung Association in Wisconsin
Attn: TB Assistance Program
13100 W. Lisbon Road, Suite 700
Brookfield, WI 53005-2508

Call 262-703-4200 for questions.