Embalming and Transportation Reimbursement Claim Form

Bill To:
LifeSource
Attn: Accounts Payable
2550 University Avenue, Suite 315 S.
St. Paul, MN 55114-1904
Phone: 651-603-7800
Fax: 651-917-5219

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>Please fill in the shaded areas</td>
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Name of Funeral Home: __________________________
Date of Death: __________________________
Donor Name: __________________________

Description of Service Provided:
- Embalming reimbursement for donation: Yes/No
- Additional transportation related to donation: Yes/No
- Other: ______________________________________

An embalming report is required with every reimbursement request.

Make checks payable to: [Name] [Address] [City, State, Zip] [Phone Number] [Signature]

Please submit Form W-9 with your request for reimbursement with your first invoice and whenever your name or address changes. If you have any questions concerning payment status, contact Marsha Meunier at 651.603.7867.

For Internal Use Only

<table>
<thead>
<tr>
<th>Donor #</th>
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<tbody>
<tr>
<td>Approved Payment Amount</td>
</tr>
<tr>
<td>Approval Signature</td>
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<tr>
<td>Date</td>
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