

**Travel Reimbursement Listing for Heartland Collaborative Participants**

Last Name	First Name	State	Need Vendor Form	Need Signed OSF Form 3
Arnold	Annette	AR		Need
Baumert	Krystal	NE		Need
Berberich	Stan	IA		
Betchold	Mary Ann	KS	Need	Need
Black	Michelle	KS		
Bolick	JoAnn	AR		
Briggs	Julie	SD		
Brower	Amy	NE	Need	
Burk	Patricia	OK		Need
Butler	Becky	AR		
Butler	Merlin	KS		
Dasouki	Majed	KS		Need
DiRenzo-Coffey	Gina	NE		Need
Egger	Jeanne	NE		
Eveans	Karen	NE	Need	
Fossen	Lucy	SD		Need
Gotto	George	MO	Need	Need
Gottsleben	Kendra	SD	Need	Need
Groeneveld	Sarah	SD		Need
Hall	Melissa	OK		
Hartsell	Tamara	OK	Need	Need
Heese	Bryce	KS		
Himstedt	Leslie	AR		
Hoffman	Jeff	NE	Need	Need
Hopkins	Patrick	MO		
Johnson	Holly	AR		
Kendall	Jamey	KS		Need

Heartland Genetics and Newborn Screening Collaborative

Last Name	First Name	State	Need Vendor Form	Need Signed OSF Form 3
Kloker	Debbie	OK	Need	Need
LeBlanc	Donna	OK	Need	Need
Leeker	Michelle	KS		Need
Lorg	Tara	OK	Need	Need
McCallister	Tonya	OK		Need
Miller	Julie	NE	Need	
Montgomery	Stacey	IA		
Moore	Heather	KS	Need	Need
Nale	Donna	MO		
Parent	Wendy	KS	Need	Need
Peck	Dawn	MO		Need
Peterson	Colleen	KS		Need
Piper	Kim	IA		
Raburn-Miller	Julie	MO		
Riske	Mary	ND		
Rogers	Sharmini	MO		
Schaefer	Brad	AR	Need	
Schweitzer	Barb	ND		Need
Smith	Mark	NE		
Stein	Quinn	SD		
Suckstorf	Leisha	NE		
Troxell	Robin	MO		
Turner	Kim	IA		Need
Vaz	Sharon	OK		Need
Vogel	Ralph	AR		Need
Weatherford	Larry	OK		
Welch	Judy	IA	Need	Need
Whitfield	Jackie	AR		Need

<b>Last Name</b>	<b>First Name</b>	<b>State</b>	<b>Need Vendor Form</b>	<b>Need Signed OSF Form 3</b>
Williams	Linda	KS		<b>Need</b>
Youngs	Erin	KS	<b>Need</b>	<b>Need</b>

**Questions?** — Contact Shona Whitehead at [shona-whitehead@ouhsc.edu](mailto:shona-whitehead@ouhsc.edu).