May 26, 1981

William E. Thornton, M.D.
701 Cowards Creek Road
Friendswood, Texas 77546

Dear Bill:

Enclosed you will find a copy of my travel expense form which covers the majority of expense incurred for attending the Ambulatory Blood Pressure Working Group.

I found the meeting valuable, and look forward to the results you are preparing.

With best regards,

Sincerely,

Harold L. Kennedy, M.D., M.P.H.
Division of Cardiology

cc
enclosure

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.

X [signature]

UNIVERSAL CREDIT CARD CHARGE FORM

AIRLINE CODE 026

3. CARDHOLDER COPY

DATE OF ISSUE 14 MAY 81

IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS
3 6 9 12 17

DATE AND PLACE OF ISSUE
FENWICK TVL
SERVICE INC
LONG BEACH CA
05 64951 5

NAME OF PASSENGER IF OTHER THAN CARDHOLDER | OTATO NO. | CONNECTION OF PASSENGER WITH SUBSCRIBER | APPROVAL CODE

COMPLETE ROUTING	FARE BASIS	CARRIER
LOS ANGELES		
HOUSTON	PA	Y2
LOS ANGELES		

AIRLINE 026 FORM 8880 SERIAL NO. 779 224 234

TICKETS NOT TRANSFERABLE
NO CASH REFUNDS

CREDIT CARD NAME/CODE
AX

FARE	TOTAL	ROUTE CODE
412.24	436.00	
TAX 23.76		
EQUIV. AMT. PD.		

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3728 002511 51000

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HAROLD L KENNEDY 3380