

MEMORIAL HOSPITAL MEDICAL CENTER

May 26, 1981

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

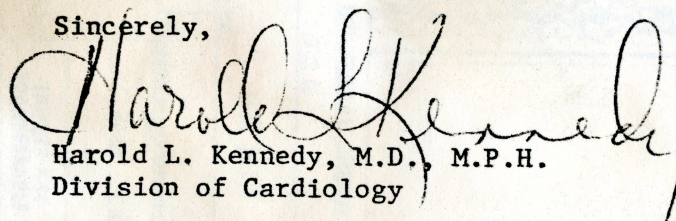
Dear Bill:

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.

UNIVERSAL CREDIT CARD CHARGE FORM

AIRLINE

026

3. CARDHOLDER COPY

IF EXTENDED PAYMENT APPLICABLE, CIRCLE NO. OF MONTHS

14 MAY 81

3 6 9 12 17

DATE OF ISSUE

DATE AND PLACE OF ISSUE

FENWICK TVL
SERVICE INC
LONG BEACH CA
05 64951 5

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

COMPLETE ROUTING

OTATO NO.

CONNECTION OF PASSENGER WITH SUBSCRIBER

APPROVAL CODE

FARE BASIS

CARRIER

AIRLINE

FORM

SERIAL NO.

LOS ANGELES

HOUSTON

PA 42

LOS ANGELES

TICKETS NOT
TRANSFERABLE
NO CASH REFUNDS

CREDIT CARD NAME/CODE

AX

3728 002511 51000

FARE

412.24

TOTAL

TAX

24.76

EQUIV.
AMT. PD.

436.00

ROUTE CODE

05/81 THRU 04/83
HAROLD L KENNEDY

80 AX
3380

pd #65
623