

25st CNA/CNS Annual Student Conference

March 10-11, 1996
Hamilton, ON

Travel Expenses Reimbursement Form

Name(s) :

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University:

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Address:

-

-

Tel.: (____) _____ Fax: (____) _____ E-mail: __-

Assistance towards the cost of travelling to this conference will be provided to the extent possible with our limited budget. To claim assistance, please mail a list of your expenses, this form, supported by **invoices** to:

Bill Garland
Dept. of Engineering Physics
McMaster University
1280 Main Street West
Hamilton, Ontario
L8S 4L7

Tel. (905) 525-9140 ext. 24925
Fax (905) 528-4339
E-mail: garlandw@mcmaster.ca

Notes: Requests must be received no later than **March 24, 2000.**

Please indicate clearly the name and address to whom a cheque should be sent.

Total amount requested: \$ _____
(Please provide a detailed list)

Amount granted: \$ _____