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TRAVEL NOTES

American Osteopathic Colleges of Ophthalmology and Otolaryngology- Head and Neck Surgery

Expense Report

Name: _____

Mail reimbursement to: _____

Meeting: _____

From: _____ To: _____

Purpose of expenses: 2019 Annual Clinical Assembly

Resident: \$300

Signature: _____

Date: _____

Approved by: _____

Date: _____

Thank you!