



Travel Expense Report Form

MAIL TO: Office of Continuing Medical Education
The Texas Heart Institute
6770 Bertner Avenue; Suite C550
MC 3-276
Houston, TX 77030

RE: Expenses Incurred

Name of Meeting: Cardiology Grand Rounds

Date of Meeting: _____

Name of Person: _____

List Applicable Expenses:		Explanation:
Airfare	\$	
Ground Transportation	\$	
Meals	\$	
Gratuities	\$	
Other	\$	
		Total \$

***Honoraria \$1,000.00**

Please make check payable to:

Name: _____

Social Security Number (required): _____

Mailing Address:

Signature: _____ Date: _____

Complete and Return by _____ to the following:

The Texas Heart Institute - Office of Continuing Medical Education

Email: cme@texasheart.org

Or mail to:

The Texas Heart Institute - Office of Continuing Medical Education

6770 Bertner Avenue; MC 3-276

Houston, Texas 77030