



INTERDEPARTMENTAL MEMORANDUM

TO: FINANCE DEPARTMENT
 Attention: Karen Biliski (*To receive hard copy please*)

FROM: Community Cancer Programs Network
 Attention: Debra Oberman (FAX 786-0184)

DATE: July 13, 2011

SUBJECT: Internal transfer of funds for Community Cancer Care 2011
 CCPN Educational Conference

Please transfer \$ _____ from the _____ Account # to
 the CCPN Grant Account, **764-029-948** for the
CCPN Educational Conference Community Cancer Care 2011

These monies represent the registration fees for the following staff members from the
 _____ Department of CancerCare MB.

- NAME: _____
- NAME: _____
- NAME: _____
- NAME: _____
- NAME: _____
- NAME: _____

Registration is \$200 per person (until September 03, 2011) after this date Registration Fee is \$250 per person.

Authorized by: _____



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