

Accommodations INVOICE

Bill to: McMaster University
Mac-CARE Program
1280 Main Street West, HSC-3N44
Hamilton, ON L8S 4K1

Date: _____

Phone: 905-525-9140, ext. 22264
Fax: 905-522-7035

Date of Service	Accommodations for	Amount
TOTAL		

Payable to: _____

Address: _____

Phone #: _____