## West Virginia University Airplane Reservation Form

	1	<ol> <li>General business pu</li> </ol>	rpos	e for trip: Tr	ip 1 - To	provide cli	nical service	s in South	ern West Virginia	
2. Department contact/ phone number: Trip 1 - Star Hammond/293-5584										
	Destination airport (if known): Trip 1 – Charleston Airport  Trip 2 – Morgantown Airport									
	4	. Destination address:			2 10101	Bantown	port			
	Leg: Trip date:			Departure				Arrival City:		
2				Morgantowi Charleston,			Charlest Morgant		ton, WV	
3				,	7,00 pm		Morgani		OWII	
4										
	Name			ll number	Department		VP Division		Business Justification	Cod
1	John Brick, MD		304-216-5451		Neurology		WVUSoM		Clinical Services	3
2		Jim Brick, MD		4-282-6155	Medicine		WVUSoM		Clinical Services	3
3	Judy	Judy Charlton, MD		1-276-2186	Ophthalmology		WVUSoM		Clinical Services	3
4	Julie Peasak		304-376-2486		ENT		WVUSoM		Clinical Services	3
5	Brandon Wilson, MS3		304-281-8551		Neurology		WVUSoM		Clinical Services	3
6	Sylvana Salama, MS3			7-539-3302	Neurology		WVUSoM		Clinical Services	3
7	George Magnone, MS3 304-			-374-1212	Medicine		WVUSoM		Clinical Services	3
5. Lead passenger name / cell number: Trip 1 – John Brick 304-216-5451 Trip 2 – John Brick 304-216-5451  6. Ground transportation:  No ground transportation required.  X   I prefer to set up my own ground transportation. I prefer to have \( \mathred{L}\) Aviation set up ground transportation. Details:										
7. Catering:  No catering required.  X Catering is required.  Details: Trip 1 & 2 snacks and beverages available  8. Signature of WVU President, Vice President, Chancellor or designee:										_
	Por internal use:  9. Approved by WVU President's Office:  Date:									
	Printed name:									2014