

West Virginia University Airplane Reservation Form

1. General business purpose for trip: Trip 1 - To provide clinical services in Southern West Virginia
2. Department contact/ phone number: Trip 1 - Star Hammond/293-5584
3. Destination airport (if known): Trip 1 - Charleston Airport  
Trip 2 - Morgantown Airport
4. Destination address: \_\_\_\_\_

Leg:	Trip date:	Departure City:	Departure Time:	Arrival City:
1	6/2/16	Morgantown, WV	7:00 am	Charleston, WV
2	6/2/16	Charleston, WV	7:00 pm	Morgantown
3				
4				

	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD	304-216-5451	Neurology	WVUSoM	Clinical Services	3
2	Jim Brick, MD	304-282-6155	Medicine	WVUSoM	Clinical Services	3
3	Judy Charlton, MD	304-276-2186	Ophthalmology	WVUSoM	Clinical Services	3
4	Alexander Voldman, MD, Resident	516-993-9913	Ophthalmology	WVUSoM	Clinical Services	3
5	Colleen Beatty, MS3	304-668-9252	Neurology	WVUSoM	Clinical Services	3
6	Loren Custer, MS3	304-677-3511	Neurology	WVUSoM	Clinical Services	3
7	Rachael Essig, MS3	304-615-7742	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.
  - I prefer to set up my own ground transportation.
  - I prefer to have LJ Aviation set up ground transportation. Details: \_\_\_\_\_

7. Catering:
  - No catering required.
  - Catering is required. Details: Trip 1 & 2 snacks and beverages available

8. Signature of WVU President, Vice President, Chancellor or designee: \_\_\_\_\_ Date: 5/24/16

For internal use:		
9. Approved by WVU President's Office: _____	Date sent to LJ Aviation: <u>5/25/16</u>	
Printed name: <u>Amy Gaubrick</u>		Updated: 12/29/2014