West Virginia University Airplane Reservation Form

| | 1. General business pu | irpose for | trip: Trip 1 - To | provide clinical service | es in Southern W | est Virginia | |
|---|--|---|--|--|---|---|--|
| 2 | 2. Department contac | t/ phone | number: Trip 1 - S | tar Hammond/293-55 | 584 | | |
| = | | | | | | | |
| ~ | | | | | | | |
| 4 | Destination address | : | | | | | |
| Leg: | Trip date: | D | eparture City: | Departure Time: | Arr | ival Citv: | |
| | | | | 7:00 am | Charleston, W | Charleston, WV | |
| | 8/4/16 CI | | arleston, WV | 7:00 pm | Morgantown | | |
| | | | | | | | |
| Non | 10 | | Collana | | | | |
| Ivanic | | | Cell number | Department | VP Division | Business | Code |
| John Brick, MD | | 304-216-5451 | Neurology | WVUSoM | Clinical Services | 3 | |
| Jim Brick, MD | | 304-282-6155 | Medicine | WVUSoM | Clinical Services | 3 | |
| Judy Charlton, MD | | 304-276-2186 | Ophthalmology | WVUSoM | Clinical Services | 3 | |
| 4 Phylicia Ann Irons, MS3 | | | 352-428-1507 | Medicine | WVUSoM | Clinical Services | 3 |
| | | | 304-312-5369 | Medicine | WVUSoM | Clinical Services | 3 |
| 6 Breanna Nolan, MS3 | | | 304-904-3171 | Neurology | WVUSoM | Clinical Services | 3 |
| | | | | Neurology | WVUSoM | Clinical Services | 3 |
| 5. Lead passenger name / cell number: Trip 1 – John Brick 304-216-5451 Trip 2 – John Brick 304-216-5451 | | | | | | | |
| | | | | | | | |
| X I prefer to set up my own ground transportation. | | | | | | | |
| | I prefer to ha | ve U Avia | tion set up ground | d transportation. Deta | ails: | | _ |
| 7 | Cataring | | - | The contract of the contract o | - | | |
| 7. Catering: No catering required. | | | | | | | |
| | X Catering is red | quired. | Details: | Trip 1 & 2 snacks ar | nd beverages avai | lable | |
| 8. Signature of WVÜ President, Vice President, chancellor or designee: | | | | | | | |
| | | | | | | | |
| For internal use: | | | | | | | |
| 9. | Approved by WVU President's Office: Date sent to U Aviation: | | | | | | |
| | Printed name: Ar | nye | garbrick | | | Updated: 12/29/2014 | 4 |
| | Nam Johr Jim Judy Phyl Cyru Brea | 2. Department contact 3. Destination airport 4. Destination address Leg: Trip date: 8/4/16 8/4/16 Name John Brick, MD Jim Brick, MD Judy Charlton, MD Phylicia Ann Irons, MS3 Cyrus Hajiran, MS3 Breanna Nolan, MS3 5. Lead passenger name 6. Ground transportation No ground track X prefer to set prefer to have 7. Catering: X Catering is recommended. 8. Signature of WVÜ Presentation For internal use: 9. Approved by WVU Presentation 1. Catering is recommended. | 2. Department contact/ phone 3. Destination airport (if known 4. Destination address: Leg: Trip date: D 8/4/16 Mo 8/4/16 Ch Name John Brick, MD Jim Brick, MD Judy Charlton, MD Phylicia Ann Irons, MS3 Cyrus Hajiran, MS3 Breanna Nolan, MS3 5. Lead passenger name / cell nu 6. Ground transportation: No ground transportation: No ground transportation: No ground transportation: No ground transportation: X prefer to set up my o prefer to have Avia 7. Catering: No catering required. X Catering is required. X Catering is required. Signature of WVÜ President, Via For internal use: 9. Approved by WVU President's (and the provided of | 2. Department contact/ phone number: Trip 1 - S 3. Destination airport (if known): Trip 1 - Chai Trip 2 - Mor 4. Destination address: Leg: Trip date: Departure City: 8/4/16 Morgantown, WV 8/4/16 Charleston, WV Name Cell number John Brick, MD 304-282-6155 Jim Brick, MD 304-282-6155 Judy Charlton, MD 304-276-2186 Phylicia Ann Irons, MS3 352-428-1507 Cyrus Hajiran, MS3 304-312-5369 Breanna Nolan, MS3 304-904-3171 5. Lead passenger name / cell number: Trip 1 - Trip 2 - Trip 3 - Trip 4 - Trip 5 - Trip 7 - Trip 7 - Trip 7 - Trip 7 - Trip 8 - Trip 8 - Trip 8 - Trip 8 - Trip 9 | 2. Department contact/ phone number: Trip 1 - Star Hammond/293-55 3. Destination airport (if known): Trip 1 - Charleston Airport 4. Destination address: Leg: Trip date: Departure City: Departure Time: 8/4/16 Morgantown, WV 7:00 am 8/4/16 Charleston, WV 7:00 pm Name Cell number Department John Brick, MD 304-216-5451 Neurology Jim Brick, MD 304-282-6155 Medicine Judy Charlton, MD 304-276-2186 Ophthalmology Phylicia Ann Irons, MS3 352-428-1507 Medicine Cyrus Hajiran, MS3 304-312-5369 Medicine Breanna Nolan, MS3 304-904-3171 Neurology 5. Lead passenger name / cell number: Trip 1 - John Brick Trip 2 - John Brick 6. Ground transportation: No ground transportation required. X I prefer to set up my own ground transportation. I prefer to have U Aviation set up ground transportation. Details: Trip 1 & 2 snacks at the start of the | 2. Department contact/ phone number: Trip 1 - Star Hammond/293-5584 3. Destination airport (if known): Trip 1 - Charleston Airport 4. Destination address: Leg: Trip date: Departure City: Departure Time: Arr 8/4/16 Morgantown, WV 7:00 am Charleston, W 8/4/16 Charleston, WV 7:00 pm Morgantown Name Cell number Department VP Division John Brick, MD 304-216-5451 Neurology WVUSOM Jim Brick, MD 304-282-6155 Medicine WVUSOM Judy Charlton, MD 304-276-2186 Ophthalmology WVUSOM Phylicia Ann Irons, MS3 352-428-1507 Medicine WVUSOM Cyrus Hajiran, MS3 304-312-5369 Medicine WVUSOM Breanna Nolan, MS3 304-904-3171 Neurology WVUSOM 5. Lead passenger name / cell number: Trip 1 - John Brick 304-216-5451 6. Ground transportation: No ground transportation. I prefer to set up my own ground transportation. No ground transportation: No ground transportation. Details: 7. Catering: No catering required. X I prefer to set up my own ground transportation. Details: Per internal use: 9. Approved by WVU President, vice President Chancellor or designate: Date sent to Li | 3. Destination airport (if known): Trip 1 - Charleston Airport 4. Destination address: Departure City: Departure Time: Arrival City: 8/4/16 Morgantown, WV 7:00 am Charleston, WV 8/4/16 Charleston, WV 7:00 pm Morgantown Name Cell number Department VP Division Business Justification John Brick, MD 304-216-5451 Neurology WVUSoM Clinical Services Jim Brick, MD 304-282-6155 Medicine WVUSoM Clinical Services Justification Justification Justification Justification Justification Cinical Services Justification Clinical Services Justification Clinical Services WVUSoM Clinical Services Phylicia Ann Irons, MS3 352-428-1507 Medicine WVUSoM Clinical Services Cyrus Hajiran, MS3 304-312-5369 Medicine WVUSoM Clinical Services Cyrus Hajiran, MS3 304-904-3171 Neurology WVUSoM Clinical Services Neurology WVUSoM Clinical Services Neurology WVUSoM Clinical Services 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. No ground transportation required. X I prefer to set up my own ground transportation. I prefer to set up my own ground transportation. I prefer to set up my own ground transportation. I prefer to set up my own ground transportation. Position as a service of trip 1 & 2 snacks and beverages available For internal use: 9. Approved by WVU President's Office: Details: Trip 1 & 2 snacks and beverages available Date sent to U Aviation: |