West Virginia University Airplane Reservation Form

					sioner to be on an Opioid Panel		
	2. Departr	nent contact/ pl	none number: Clay I	3. Marsh 614-496-1	621		
	3. Destina	tion airport (if l	known): Charleston				
	4. Destina	tion address:					
\int_{1}^{1}	Leg: Trip date: 8/9/16		Departure City: Departure Time: Morgantown, WV 8:00am		Arrival City:		
2	8/9/16		Charleston, WV	4:10pm	Charleston, WV Morgantown, WV		
3					worganown, w v		
4							
	Name	Cell number	Department	VP Division	Ducing Y (10)		
1	Clay B. Marsh	614-496-1621	School of Medicine	HSC	Business Justification Request to represent WVU on Federal	Code 2	
2	Carl Rolly Sullivan	304-692-8874	School of Medicine	HSC	Opioid panel Request to represent WVU on Federal	2	
3	1	for of the	a Com oppliance	Doin I A	Opioid panel		
4	71140	Cinic	for WVU or	led Cina	alction Treatment		
5	1						
6	Roth Nin	lachon	of De Caller	1116			
7	d15/11/54	LON ON	a Di Sicilia	en will spe	akduring a rounde	(sce	
	1000000	TURE OF A	of 1010 and	WITH Drigge	pert (alift, commiss	loner	
	5. Lead pas	senger name / o	cell number: CIA	y MARSH	614-496-1621 Em	t the	
	Both Drmarshand Dr Sullivan will speak during a roundials distussion on opioid abuse with Dr. Robert Califf, commission 5. Lead passenger name / cell number: MAYMARSH 6. Ground transportation: x 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:						
	x No catering required.						
	Ca	atering is requir	red. Details:				
	8. Signature of WVU President, Vice President, Chancellor or designee:						
	\mathbf{x}	ly L	Printed:	-	ISM Date: 8/5/16		
- Warrengerer	For intern	al use:		0	10 N. A. S. A. B.	a. 1	
	9. Approved by WVU President's Office: Date sent to LJ Aviation:						
	Printed na	me: $+$	14 Garlo	oricic	Updated: 12/29/201	4	
			1		1		