

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	9/1/16	Morgantown, WV	7:00 am	Charleston, WV
2	9/1/16	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	Frank Lacy, MS3	304-741-5570	Medicine	WVUSoM	Clinical Services	3
5	Nainika Nanda, MS3	304-890-0180	Medicine	WVUSoM	Clinical Services	3
6	Sherif Ibrahim	304-419-5234	Medicine	WVUSoM	Clinical Services	3
7						

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: Claymarsh Date: 8/30/16

For internal use:	
9. Approved by WVU President's Office:	Date sent to LJ Aviation: _____
Printed name: <u>Amy Garbrick</u>	<u>8/30/16</u> Updated: 12/29/2014