





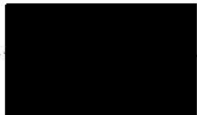
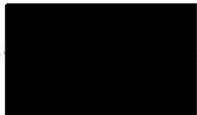


West Virginia University Airplane Reservation Form

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/ 
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	12/1/16	Morgantown, WV	7:00 am	Charleston, WV
2	12/1/16	Charleston, WV	7:00 pm	Morgantown
3				
4				

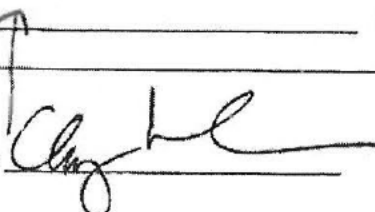
	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD		Neurology	WVUSoM	Clinical Services	3
2	Jim Brick, MD		Medicine	WVUSoM	Clinical Services	3
3	Judy Charlton, MD		Ophthalmology	WVUSoM	Clinical Services	3
4	Justin Harvey, MS3		Medicine	WVUSoM	Clinical Services	3
5	Miles Graves, MS3		Medicine	WVUSoM	Clinical Services	3
6				WVUSoM	Clinical Services	3
7				WVUSoM	Clinical Services	3

5. Lead passenger name / cell number: Trip 1 - John Brick 
Trip 2 - John Brick 

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: _____

For internal use:
9. Approved by WVU President's Office:  Date sent to LJ Aviation: <u>11-29-16</u>
Printed name: <u>Clay B. Marsh, MD</u> Updated: 12/29/2014

→ Amy Gaurbric, Amy Garbric 11/29/16