

West Virginia University Airplane Reservation Form

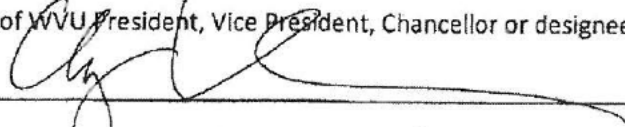
1. General business purpose for trip: Trip 1 - To provide clinical services in Southern West Virginia
2. Department contact/ phone number: Trip 1 - Star Hammond/ [REDACTED]
3. Destination airport (if known): Trip 1 - Charleston Airport
Trip 2 - Morgantown Airport
4. Destination address: _____

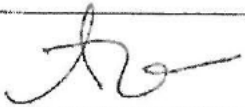
Leg:	Trip date:	Departure City:	Departure Time:	Arrival City:
1	2/2/17	Morgantown, WV	7:00 am	Charleston, WV
2	2/2/17	Charleston, WV	7:00 pm	Morgantown
3				
4				

	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
2	Jim Brick, MD	[REDACTED]	Medicine	WVUSoM	Clinical Services	3
3	Judy Charlton, MD	[REDACTED]	Ophthalmology	WVUSoM	Clinical Services	3
4	Terri Davis, MS3	[REDACTED]	Medicine	WVUSoM	Clinical Services	3
5	Emily Despeaux, MS3	[REDACTED]	Medicine	WVUSoM	Clinical Services	3
6	Jennifer Knapp, MS3	[REDACTED]	Medicine	WVUSoM	Clinical Services	3
7				WVUSoM	Clinical Services	3

5. Lead passenger name / cell number: Trip 1 - John Brick [REDACTED]
Trip 2 - John Brick [REDACTED]
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: 1/31/17

For internal use: _____ 9. Approved by WVU President's Office: <u></u> Printed name: <u>Amy Gaubrick</u>	Date sent to LJ Aviation: <u>1/31/17</u> Updated: 12/29/2014
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