

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    | 5/4/17     | Morgantown, WV  | 7:00 am         | Charleston, WV |
| 2    | 5/4/17     | 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 |                       |             |               |             |                        |      |
| 5 |                       |             |               |             |                        |      |
| 6 | Jonathan Beard, MS3   | [REDACTED]  | Medicine      | WVUSoM      | Clinical Services      | 3    |
| 7 | Emily Witsberger, MS3 | [REDACTED]  | Medicine      | 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  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: [Signature] Date: 5-3-17

|   |   |                     |
|---|---|---------------------|
| For internal use:   |   |                     |
| 9. Approved by WVU President's Office: <u>[Signature]</u> | Date sent to <input type="checkbox"/> Aviation: _____ | <u>5/5/17</u>       |
| Printed name: <u>Amy Garbrick</u>                         |   | Updated: 12/29/2014 |