

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	6/1/17	Morgantown, WV	7:00 am	Charleston, WV
2	6/1/17	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	Andrew Gurtis, MS3	[REDACTED]	Medicine	WVUSoM	Clinical Services	3
5				WVUSoM	Clinical Services	3
6				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: 5-31-17

For internal use:	
9. Approved by WVU President's Office: <u>[Signature]</u>	Date sent to LJ Aviation: <u>5/31/17</u>
Printed name: <u>to Andy Gaurbrick</u>	Updated: 12/29/2014