

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: _____

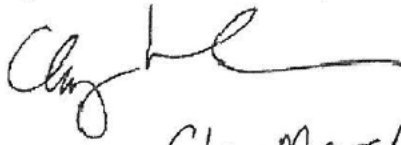
Leg:	Trip date:	Departure City:	Departure Time:	Arrival City:
1	4/19/18	Morgantown, WV	7:00 am	Charleston, WV
2	4/19/18	Charleston, WV	7:00 pm	Morgantown
3				
4				

	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
2	Judy Charlton, MD	[REDACTED]	Ophthalmology	WVUSoM	Clinical Services	3
3	Travis Schofield, MS	[REDACTED]	Ophthalmology	WVUSoM	Clinical Services	3
4	Victoria Ray, MS	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
5	Dina Yacoub	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
6						
7						

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: _____

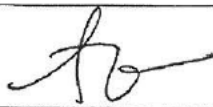
7. Catering:
 No catering required.
 Catering is required. Details: Trip 1 & 2 snacks and beverages available

8. Signature of WVU President, Vice President, Chancellor or designee:


Clay Marsh

Date: 4/12/18

For internal use:

9. Approved by WVU President's Office: 
Amy Garbrich Date sent to LJ Aviation: 4.13.18