

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/293-5584
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	8/16/18	Morgantown, WV	7:00 am	Charleston, WV
2	8/16/18	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	Quinn Doyle, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
4	Mira Dunham, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
5	Patricia Moran, MS3	[REDACTED]	Neurology	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: 8-10-18

For internal use:	
9. Approved by WVU President's Office: <u>[Signature]</u>	Date sent to <input type="checkbox"/> Aviation: <u>8-10-18</u>
Printed name: <u>Amy Garbrick</u>	Updated: 12/29/2014