

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] Julie Peasak, [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	2/21/19	Morgantown, WV	7:00 am	Charleston, WV
2	2/21/19	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	Tyler Calkins, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
4	Nicholas Mason, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
5	Cassie Annan	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
6	Sarah Lazur, MS3	[REDACTED]	Neurology	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 U Aviation set up ground transportation. Details: Will need to rent an Enterprise SUV, or Van and have it at the airport. There will be either 6 or 7 people going.
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: 2-14-19

For internal use:
9. Approved by WVU President's Office: <u>[Signature]</u> Date sent to U Aviation: <u>2-14-19</u>
Printed name: <u>Clay B. Maesh</u> Updated: 12/29/2014