West Virginia University Airplane Reservation Form

1	. General business purp	ose for trip: Trip 1 -	To provide clinical s	ervices in South	nern West Virginia	
2	. Department contact/ p	phone number: Trip 1	Star Hammond/	Julie P	easak/	
3.	. Destination airport (if I		Charleston Airport			
4.	Destination address:	Trip 2 – N	Morgantown Airport			
7	Destination address.					
Leg:	Trip date:	Departure City:			Arrival City:	
-	3/21/19	Morgantown, WV	7:00 am	Charleston, WV		
3	3/21/19	Charleston, WV	7:00 pm	Morgantown		
4						
		1		-		
	Vame	Cell number	Department	VP Division	Business Justification	Code
1 J	ohn Brick, MD		Neurology	WVUSoM	Clinical Services	3
2 J	udy Charlton, MD	طالق	Ophthalmology	WVUSoM	Clinical Services	3
3 (Calla Walters, MS3		Neurology	WVUSoM	Clinical Services	3
4 S	shelby Sievers, MS3		Neurology	WVUSoM	Clinical Services	3
5				WVUSoM	Clinical Services	3
6				WVUSoM	Clinical Services	3
 5. Lead passenger name / cell number: Trip 1 – John Brick						
7.	7. Catering:					
	No catering required. X Catering is required. Details: Trip 1 & 2 snacks and beverages available					
8.	8. Signature of WVU President, Vice President, Chancellor or designee: Date:March 19, 2019					
	For internal use:		1			
9.	Approved by WVU President's Office: Date sent to LI Aviation:					
	Printed name: Amy Gubh U Updated: 12/29/2014					