

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	4/18/19	Morgantown, WV	7:00 am	Charleston, WV
2	4/18/19	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	Kelly Devlin, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
4	Ian McCulloch, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
5	Roberto Tellez, MS3	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
6	Paula Pacurari, MS	[REDACTED]	Ophthalmology	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: Will need to rent an Enterprise SUV, or Van and have it at the airport. There will be 4 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: 4/15/19

For internal use:		
9. Approved by WVU President's Office:	<u>[Signature]</u>	Date sent to LJ Aviation: <u>4-16-19</u>
Printed name:	<u>4-16-19 Amy Garbrick</u>	Updated: 12/29/2014