West Virginia University Airplane Reservation Form

	1. General business purpose for trip: Trip 1 - To provide clinical services in Southern West Virginia						en e	
2. Department contact/ phone number: Trip 1 - Star Hammond/ Julie Peasak/							•	
Destination airport (if known): Trip 1 – Charleston Airport Trip 2 – Morgantown Airport Trip 2 – Morgantown Airport								
	4.	Destination address:	1 rrp 2 – IV	iorgantown Airport				
.eg	:	Trip date:	Departure City:	Departure Tir	ne:	Arrival City:		
1	9	7/19/2019	Morgantown, WV	7:00 am	Charleston, WV			
2	9	/19/2019	9/2019 Charleston, WV 7:00 pm Morgantown					
3	1							
4								
		ame	Cell number	Department	VP Division	Business Justification	Code	
1	Jo	ohn Brick, MD		Neurology	WVUSoM	Clinical Services	3	
2		ndy Charlton, MD		Ophthalmology	WVUSoM	Clinical Services	3	
3	D	ouglas Crate, MS3		Neurology	WVUSoM	Clinical Services	3	
4	Sı	neha Gupta, MS3	40	Neurology	WVUSoM	Clinical Services	3	
5							Tr.	
6							12	
5. Lead passenger name / cell number: Trip 1 – John Brick Trip 2 – John Brick 6. Ground transportation: No ground transportation required. I prefer to set up my own ground transportation. X I prefer to have LI 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. X Catering is required. Details: Trip 1 & 2 snacks and beverages available 8. Signature of WVU President, Vice President, Chancellor or designee: Date: 09/16/2019								
(9. Approved by WVU President's Office: Date sent to LJ Aviation:							
		Printed name: AWY Garlon Cl Updated: 12/29/2014						