

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	11/21/2019	Morgantown, WV	7:00 am	Charleston, WV
2	11/21/2019	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	Brooke Cottrill, MS	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
4	Luka Bugarski, MS	[REDACTED]	Ophthalmology	WVUSoM	Clinical Services	3
5				WVUSoM	Clinical Services	3
6				WVUSoM	Clinical Services	3

5. Lead passenger name / cell number: Trip 1 – John Brick [REDACTED]
Trip 2 – John Brick
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: 11/19/19

For internal use:

9. Approved by WVU President's Office: [Signature]

Date sent to LJ Aviation: 11-19-19

Printed name: Amy Garbrick

Updated: 12/29/2014