West Virginia University Airplane Reservation Form

	1. General business purp	oose for trip: Trip 1 -	To provide clinical se	ervices in South	ern West Virginia	•
	2. Department contact/	phone number: Trip 1	- Star Hammond/	Julie P	easak/	·
	3. Destination airport (if	known): Trip 1 – C	harleston Airport			
		Trip 2 – N	Morgantown Airport			
	4. Destination address:					
eg:	Trip date:	Departure City:	Departure Tir	ne:	Arrival City:	
1	02/20/2020	Morgantown, WV	7:00 am	Charleston, V	VV	
2	02/20/2020	Charleston, WV	7:00 pm	Morgantown	Morgantown	
3						
4						
	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD		Neurology	WVUSoM	Clinical Services	3
2	Judy Charlton, MD	diam'r	Ophthalmology	WVUSoM	Clinical Services	3
3	Richard Cadenas, MS	Section 1		WVUSoM	Clinical Services	3
4					Clinical Services	3
5	Janet Wu, APP	The state of	Neurology	WVUSoM	Clinical Services	3
6				WVUSoM	Clinical Services	3
 5. Lead passenger name / cell number: Trip 1 – John Brick						
	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: 2/18/20					
	For internal use: 9. Approved by WVU Pre	sident's Office:	10	Date se	ent to ⊔ Aviation:	18/20
Printed name: Updated Updated						2/29/2014