West Virginia University Airplane Reservation Form

	1. General business purpose for trip:					Clinic in Gilbert, WV					
	2	. Department con	tact/ pł	one number	:: Amy 3-	-8763					
3. Destination airport (if known): Charleston, WV											
_									8:00 a.m.		
				Departur MGW			ure Time:	CRW	Arrival City:		
1	August 20, 2020			CRW			MGW				
2	August 20, 2020			CICW				WGW			
4											
4											
	Name		Cell number		Department		VP Division		Business Justification	Code	
1	John Brick, MD				Neurology		WVUSoM		Clinical Services	3	
2	Ju	Judie Charlton, MD		940	Ophtha	lmology	WVUSoM		Clinical Services	3	
3	Ar	Anne Groover, MS		Ann	Neurolo	ogy	WVUSoM		Clinical Services	3	
4	Natalie Green, MS				Neurolo	ogy	WVUSc	οM	Clinical services	$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$	
5	River Hames, MS				Neurolo		WVUSc		Clinical Services		
6	Ka	Karim Badawi, MS			Ophthalmology		WVUSoM				
7	Ami Patel, MS			Ophthalmology WVU		WVUSc	M				
	5 6 - 7	. Ground transpor	tation: nd trans o set uj o have	sportation re o my own gr LJ Aviation	equired.		n.	Details:			
	Catering is required. Details: 8. Signature of WVU President, Vice President, Chancellor or designee:										
	Y Printed: Clay B. Marsh, MD Date: 8/19/20 For internal use:										
	9. Approved by WVU President's Office: AG- signed digitally Date sent to LJ Aviation: 8/19/20										
		Printed name:	Amy	Garbrick_					Updated: 12/29/2	2014	