

West Virginia University Airplane Reservation Form

1. General business purpose for trip: Clinic in Gilbert, WV
2. Department contact/ phone number: Amy 3-8763
3. Destination airport (if known): Charleston, WV
4. Destination address: Morgantown, WV 7:00 a.m. 8:00 a.m.

Leg: Trip date: Departure City: Departure Time: Arrival City:

1	September 17, 2020	Morgantown, WV	7:00 a.m.	Charleston, WV
2	September 17, 2020	Charleston, WV	7:00 p.m.	Morgantown, WV
3				
4				

	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
2	Judie Charlton, MD	[REDACTED]	Ophthalmology	WVUSoM	Clinical Services	3
3	Becky Dewitt	[REDACTED]	Neurology	WVUSoM	Clinical Services	3
4	Paige Meila	[REDACTED]	Neurology	WVUSoM	Clinical services	3
5				WVUSoM	Clinical Services	
6				WVUSoM		
7				WVUSoM		

5. Lead passenger name / cell number: Gee- on file
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: _____

7. Catering:
 No catering required.
 Catering is required. Details: _____

8. Signature of WVU President, Vice President, Chancellor or designee:
 [Signature] Date: 9/16/20

For internal use:

9. Approved by WVU President's Office: AG- signed digitally Date sent to LJ Aviation: 9/16/2020

Printed name: Amy Garbrick Updated: 12/29/2014