

West Virginia University Airplane Reservation Form

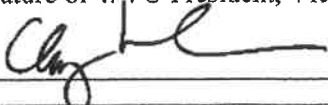
1. General business purpose for trip: Clinic in Gilbert, WV
2. Department contact/ phone number: Amy 3-8763
3. Destination airport (if known): Yeagar Airport, Charleston, WV
4. Destination address: 100 Airport Rd, Charleston, WV

Leg:	Trip date:	Departure City:	Departure Time:	Arrival City:
1	May 20, 2021	Morgantown, WV	06:30	Charleston, WV
2	May 20, 2021	Charleston, WV		Morgantown, WV
3				
4				

	Name	Cell number	Department	VP Division	Business Justification	Code
1	John Brick, MD	[REDACTED]	neurology	WVU SoM	clinical	3
2	Judie Charlton, MD	[REDACTED]	ophthalmology	WVU SoM	clinical	3
3	Albert Wright			WVU SoM		
4	Dave Watson, MD	[REDACTED]	neurology	WVU SoM	clinical	3
5	Becky Dewitt	[REDACTED]	neurology	WVU SoM	clinical	3
6						
7						

5. Lead passenger name / cell number: John Brick [REDACTED]
6. Ground transportation: * Second vehicle in Dr. Watson's name
 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:
  Printed: Clay B. Marsh, MD Date: 5/19/21

For internal use:	
9. Approved by WVU President's Office:	Date sent to LJ Aviation:
Printed name: _____	Updated: 12/29/2014