## West Virginia University Airplane Reservation Form

| 1  | . General business purp southern WV at the G                           |                 | nic in Gilb               | ert, WV.      | Provide m          | edica          | l clinical services in        |       |
|--|--|-----------------|---------------------------|---------------|--------------------|----------------|-------------------------------|-------|
| 2  | 2. Department contact/p  | hone number: Ān | ny 3-8763                 |               |                    |                |                               |       |
| 3  | <ul><li>Destination airport (if</li><li>Destination address:</li></ul> | known): Yeage   | er Airport,<br>rt Rd, Cha | Charleston, V | on, WV<br>VV 25311 |                |                               |       |
| g  | Trip Date  | Departure       | e City Depart             |               | ure Time           |                | Arrival City                  |       |
| <b>D</b>   | November 18, 2021  |                 |                           |               |                    | Cha            | rleston, WV                   |       |
|  |  | Charleston, W   |                           |               |                    | Morgantown, WV |                               |       |
|  |  |                 |                           |               |                    |                |                               |       |
|  | Name   | Cell Number     | Depa                      | rtment        | VP Divi            | sion           | <b>Business Justification</b> | Code  |
| Toh  | n Brick, MD  |                 | Neurology                 |               | WVU SoM            |                | Clinical Services             | 3     |
|  | ie Charlton, MD  |                 | Ophthalmology             |               | WVU SoM            |                | Clinical Services             | 3     |
|  |  |                 |                           |               |                    |                |                               |       |
|  |  |                 |                           |               |                    |                |                               |       |
|  |  |                 |                           |               |                    |                |                               |       |
|  |  |                 |                           |               |                    |                |                               |       |
| <ul> <li>5. Lead passenger name / cell number: John Brick</li> <li>6. Ground transportation:  No ground transportation required.  I prefer to set up my own ground transportation.  X I prefer to have LJ Aviation set up ground transportation. Details:</li> </ul> |  |                 |                           |               |                    |                |                               |       |
| 7. Catering:  _X No catering required.  Catering is required. Details:   |  |                 |                           |               |                    |                |                               |       |
| 8  | S. Signature of WVU Pre  |                 | sident, Charinted: CI     |               |                    |                | Date: ///16/21                |       |
|  | 0  |                 |                           |               |                    |                |                               |       |
|  | For internal use:  |                 |                           |               |                    |                |                               |       |
| 9. Approved by WVU President's Office: AG Date sent to LJ Aviation:  |  |                 |                           |               |                    |                |                               | /2021 |
|  | Printed name: Am   | y Garbrick      |                           |               |                    |                | Updated: 12/29/2              | 014   |