

West Virginia University Airplane Reservation Form

1. General business purpose for trip: Provide medical clinical services in southern WV at the Gilbert Clinic. _____
2. Department contact/ phone number: Amy 3-8763 _____
3. Destination airport (if known): CRW _____
4. Destination address: CRW _____

Leg:	Trip date:	Departure City:	Departure Time:	Arrival City:
1	8/18/22	MGW		CRW and return
2				
3				
4				

	Name	Cell number	Department	VP Division	Business Justification	Code
1	Dr. Judie Charlton		Ophthalmology	WVU SOM	Provide medical clinical services in southern WV at the Gilbert Clinic.	3
2	OMAR ANWAR SADAT		WVU Medicine Student	WVU SOM		
3						
4						
5						
6						

5. Lead passenger name / cell number: J Charlton _____
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:

AG Printed: Amy Garbrick Date 8/17/2022 _____

For internal use:	
9. Approved by WVU President's Office: _____ AG _____	Date sent to LJ Aviation 8/17/2022 _____
Printed name: ___Amy Garbrick_____	<i>Updated: 12/29/2014</i>