West Virginia University Airplane Reservation Form

	1	. General business purpo	ose for trip: Prov	ide medic	al clinical	services in	sout	hern WV at the Gilbert Cl	inic
2. Department contact/ phone number: Amy 3-8763									
	3	. Destination airport (if	known): Yeager	r Airport,	Charlesto	n, WV			
	4	. Destination address:	100 Airpor	t Rd, Char	rleston, W	V 25311			
Leg		Trip Date	Departure City		Departure Time		Arrival City		
1		Apr. 20, 2023	MGW		07:00		CRW		
2		Apr. 20, 2023	CRW		19:00		MGW		_
3									_
4			<u></u>						_
		Name	Cell Number	Department		VP Divi	sion	Business Justification	Code
1	Judi	udie Charlton, MD Leg 1, 2 Ophtl		Ophthal	mology	WVU SoM		Clinical Services	3
2		mas Mauger, MD	Leg 1, 2	Ophthal		WVU SoM		Clinical Services	3
3	Bradford Dugan		Leg 1, 2	Ophthalmology		WVU SoM		Clinical Services	3
4									
5									
7									
 5. Lead passenger name / cell number: Judie Fern Charlton 6. Ground transportation: No ground transportation required. I prefer to set up my own ground transportation. X prefer to have LJ Aviation set up ground transportation. Details: X									
	8	X For internal use:	,		ancellor o			Date: 4/17/23	
	9. Approved by WVU President's Office: Date sent to LJ Aviation:								
	Printed name:Amy Garbrick Updated: 12/29/2014								