



**HOUSE OF DELEGATES  
WEST VIRGINIA LEGISLATURE**

BUILDING 1, ROOM 418  
1900 KANAWHA BLVD., EAST  
CHARLESTON, WV 25305-0470  
PHONE (304) 340-3187  
EMAIL: JOHN.SHOTT@WVHOUSE.GOV  
EMAIL: JSHOTT@SHOTTLAW.COM

JOHN H. SHOTT  
(304) 325-7534 (H)  
(304) 327-0573 (B)

Committees:  
Judiciary - Chair  
Banking and Insurance  
Industry and Labor

August 3, 2018

**VIA HAND-DELIVERY**

Barbara H. Allen  
Interim Administrative Director  
West Virginia Supreme Court of Appeals  
Building 1, Room E-100  
1900 Kanawha Blvd., East  
Charleston, WV 25305-0832

Re: Working Lunches

Dear Ms. Allen,

The purpose of this letter is to provide the West Virginia Supreme Court of Appeals (“Court”) and each justice, individually, the opportunity to supplement the information we have gathered and analyzed regarding lunches purchased by the Court on workdays (“working lunches”) in which oral argument, opinion conferences, administrative conferences, or judicial conferences occurred during the 2013-2017 time frame.

The information we analyzed to reach our conclusions includes Court calendars (published on the Court website at <http://www.courtswv.gov/supreme-court/calendar-docket.html>), dates of administrative conferences<sup>1</sup>, and working lunch receipts. As noted during our last Committee meeting, we understand that there may have been a conference or other official Court event on the “unverified days” in which working lunches were provided that we could not “verify” because our analysis was confined to the documents listed above. We have enclosed a list of the dates for which we could not verify an official Court event along with copies of the receipts for the meals on those dates which may be helpful in identifying what transpired on those dates. We welcome any additional information that may help shed light on this issue.

<sup>1</sup> Attached hereto is a table that includes dates of the administrative conferences as indicated on the administrative minutes that were provided to Judiciary Committee staff by the Legislative Auditor. For efficiency, we did not include copies of the administrative minutes.

We thank you in advance for your anticipated cooperation in this matter. Should you have any questions please do not hesitate to contact me.

Sincerely,

*JOL-Scott*  
John Shott *By: JOL-  
Harrison*

Cc: Justice Margaret L. Workman  
Justice Robin Jean Davis  
Justice Elizabeth D. Walker

Enclosures

Below are the dates in which Court Administrative Conferences were held during 2013-2017 as indicated in the Court Administrative Conference meeting minutes provided by the Court to the Legislative Auditor

Admin. Conferences - 2013		
7-Jan		
6-Feb		
6-Mar		
18-Apr		
22-May		
17-Jun		
23-Sep		
25-Nov		

Admin. Conferences - 2014		
22-Jan		
9-Apr		
7-May		
4-Jun		
29-Sep		
13-Nov		
24-Nov		

Admin. Conferences - 2015		
4-Feb		
26-Feb		
9-Apr		
11-May		
16-Jun		
10-Sep		
20-Oct		
16-Nov		
9-Dec		

Admin. Conferences - 2016		
5-Jan		
19-Jan		
8-Feb		
22-Feb		
7-Mar		
4-Apr		
18-Apr		
16-May		
13-Jun		
29-Aug		
6-Sep		
15-Sep		
3-Oct		
24-Oct		
14-Nov		
29-Nov		

Admin. Conferences - 2017		
9-Jan		
23-Jan		
13-Feb		
27-Feb		
6-Mar		
20-Mar		
5-Apr		
24-Apr		
3-May		
17-May		
31-May		
14-Jun		
27-Jul		
14-Aug		
31-Aug		
15-Sep		
18-Sep		
29-Sep		
2-Oct		
23-Oct		
13-Nov		
27-Nov		

## UNVERIFIED WORKING LUNCH DATES 2013-2017

Unverified Working Lunches 2013			
27-Aug			
28-Aug			
24-Sep			
6-Dec			

Unverified Working Lunches 2014			
29-Apr			
5-May			
27-May			
26-Aug			
30-Oct			

Unverified Working Lunches 2015			
8-Jan			
16-Jan			
30-Jan			
15-Jun			
21-Sep			

Unverified Working Lunches 2016			
16-Mar			
23-Mar			
11-Apr			
14-Jun			
30-Aug			

Unverified Working Lunches 2017			
17-Feb			
28-Mar			
31-Jul			
30-Aug			

**MAR – DEC 2013**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**

PATERNO AT THE PARK  
601 MORRIS ST  
CHARLESTON, WV 25301  
804-720-7640

**STATE OF WEST VIRGINIA**  
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: A0232776  
VISA SVR: 6515  
\*\*\*\*\*0170 EXP: \*\*  
SALE SWIPEO  
BATCH: 000104 INU: 000001  
Aug 27, 13 11:34  
RAI: 01040001 AUTH: 013995

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS  
CONTACT PERSON V. Summers  
TELEPHONE NUMBER 304. 419. 0779  
FUNCTION SPONSOR V. Summers  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 8/27/13

TRN REF#: 163233558493156  
VALIDATION CODE: 402  
APPROVED  
SALE AMT \$202.80  
TIP  
TOTAL 202.80  
VAUGHN A SUMMERS

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>202.80</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>202.80</u>

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:  
Conference  
FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form): S. Cohen, B. Benjamin, S. Stover, R. Davis, R. Melvin, M. Ketchum, V. Shafer, A. Langley, J. Stevenson, M. Workman, B. Kayler, K. Nash, R. Perry, V. Summers, J. Gundy, A. Angus, H. Daily

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE  
By: [Signature]  
AGENCY HEAD SIGNATURE

8/27/13  
DATE  
9/10/2013  
DATE

**STATE OF WEST VIRGINIA**  
 DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

SONOS  
 808 SMITH ST  
 CHARLESTON, WV 25301  
 804-720-7646

Merchant ID: 160115589  
 Term ID: 0926  
 Server ID: 5516

Sale

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS  
 CONTACT PERSON V. SUMMERS  
 TELEPHONE NUMBER 304. 419. 0779  
 FUNCTION SPONSOR V. SUMMERS  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 8/28/13

VISA  
 XXXXXXXXXXXXX8270  
 Entry Method: Swiped  
 Apprvd: Online Batch#: 000001  
 08/28/13 10:29:54  
 Inv#: 00000001 Appr Code: 035323  
 Amount: \$ 264.30  
 Tip:  
 Total: 264.30

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>264.30</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>264.30</u>

Customer Copy  
 THANK YOU

PURPOSE/JUSTIFICATION OF FUNCTION:  
Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form): V. Summers, R. Perry, E. Nash, M. Ketolum, R. Melvin, B. Benjamin, S. Cohen, M. Workman, S. Stevenson, B. Kaplan, V. Shetter, A. Langley, R. Davis, J. Stover, A. Angus, S. Gandy, H. Dault, J. Wilkerson, M. Wilkerson

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
 FUNCTION REPRESENTATIVE'S SIGNATURE

8/28/13  
 DATE

By: [Signature]  
 AGENCY HEAD SIGNATURE

9/10/2013  
 DATE





Bluegrass Kitchen  
Age 1600 Washington St. East  
Charleston, WV 25311  
304.346.2871

**STATE OF WEST VIRGINIA**  
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

SERVER: Kate L  
TABLE: 594  
TICKET: 218760 12/06/2013 09:  
GUEST #: 1

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS  
CONTACT PERSON V. SUMMERS  
TELEPHONE NUMBER 304. 419. 0779  
FUNCTION SPONSOR V. Summers  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 12/06/13

SUB TOTAL: 69.25  
TOTAL: 69.25  
CARD PAID: 69.25  
GRATUITY: 10.00  
TOTAL: 79.25

ESTIMATED EXPENSES

- FOOD AND BEVERAGE
- MEETING ROOM
- EQUIPMENT RENTAL
- LODGING
- OTHER/
- OTHER/

\$ 79.25  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 79.25

TOTAL

Signature

CARD #: XXXXXXXXXXXX8270  
VAUGHN A SUMMERS  
082126

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form): S. Cohen, B. Benjamin, R. Davis, S. Stever, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, J. Shafer, A. Laughry, R. Perry, E. Nash, V. Summers

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

DATE 1/20

**JAN – DEC 2014**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**

### STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

PATERNO'S AT THE PARK  
601 MORRIS ST  
CHARLESTON, WV 25301  
304-720-7640

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS

TERMINAL ID. # AD232776

CONTACT PERSON V. Summers

VISA XXXXXXXXXXXX0270 EXP: 11/14 SRV: 3213  
SALE XXXXXXXXXXXX0270 SHIPED

TELEPHONE NUMBER 304. 419. 0779

BATCH: 000270 INU: 000001  
APR 29, 14 11:27  
ARI: 02700001 AUTH: 049278

FUNCTION SPONSOR V. Summers

TAN REF: 504119551112824  
VALIDATION CODE: CHKP

LOCATION OF FUNCTION Justices' Chambers

APPROVED

DATE(S) OF FUNCTION 4/29/14 - Paterno's

SALE AMT \$139.20

TIP \_\_\_\_\_

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>139.20</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____

TOTAL \$ 139.20

VAUGHN & SUMMERS

CUSTOMER COPY

TOTAL \$ 139.20

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davis, J. Stover, B. Benjamin, S. Cohen, M. Workman, J. Stevenson, M. Ketchum, R. Melvin, A. Loughry, V. Shaffer, R. Perry, E. Gaiser, H. Dailey, J. Gundy, B. Kayhve, C. Barnes

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

5/12/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

5/12/2014  
DATE

<b>STATE OF WEST VIRGINIA</b> DEPARTMENT OF ADMINISTRATION TRAVEL MANAGEMENT OFFICE REQUEST FOR HOSPITALITY SERVICE	<b>BRIDGE ROAD BISTRO</b>  Date: 5/5/2014    Time: 11:53:37 AM  Status:            Approved
--	---

SPENDING UNIT NAME/ORG # <u>SUPREME COURT OF APPEALS</u>	Card Type:            Visa
CONTACT PERSON <u>V. SUMMERS</u>	Card Number:        XXXXXXXXXXXX8270
TELEPHONE NUMBER <u>304. 419. 0779</u>	Expiration Date:    X/XX/XXXX
FUNCTION SPONSOR <u>V. SUMMERS</u>	Server Name:        Lorra
LOCATION OF FUNCTION <u>Justices' Chambers</u>	Check Number:      194267
DATE(S) OF FUNCTION <u>5/5/14</u>	Tab Number:         900
	Number Of Covers:  1
	Persons:             1, 2, 3, 4, 5, 6, 7, 8,
	9, 10, 11, 12, 13, 14
	Card Owner:         Manual Ent

AMOUNT	211.45
Gratuity	42.29
Total	253.74

ESTIMATED EXPENSES		
FOOD AND BEVERAGE	\$	<u>253.74</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>253.74</u>

**PURPOSE/JUSTIFICATION OF FUNCTION:**

*Conference*

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form): *S. Cohen, B. Benjamin, R. Davis, J. Stover, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Skater, A. Lughry, S. Kayhuan, C. Games*

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: <u><i>[Signature]</i></u>	5/5/14
FUNCTION REPRESENTATIVE'S SIGNATURE	DATE
By: <u><i>[Signature]</i></u>	6/13/2014
AGENCY HEAD SIGNATURE	DATE

**STATE OF WEST VIRGINIA**  
 DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

**BRIDGE ROAD BISTRO**

Date: 5/27/2014 Time: 11:23:33 AM

Status: Approved

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS  
 CONTACT PERSON V. SUMMERS  
 TELEPHONE NUMBER 304. 419. 0779  
 FUNCTION SPONSOR V. SUMMERS  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 5/27/14

Card Type: Visa  
 Card Number: XXXXXXXXXXXX8270  
 Expiration Date: X/XX/XXXX  
 Server Name: Lorra  
 Check Number: 195840  
 Tab Number: 200  
 Number Of Covers: 1  
 Persons: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10  
 Card Owner: Manual Ent

AMOUNT	182.50
Gratuity	36.50
<b>Total</b>	<b>219.00</b>

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>219.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>219.00</u>

**PURPOSE/JUSTIFICATION OF FUNCTION:**

*Conference*

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form): *S. Cohen, B. Benjamin, R. Davis, J. Staver, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Ludwig*

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: *[Signature]*  
 FUNCTION REPRESENTATIVE'S SIGNATURE

5/27/14  
 DATE

By: *[Signature]*  
 AGENCY HEAD SIGNATURE

6/13/2014  
 DATE

**STATE OF WEST VIRGINIA**  
 DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

Adelphia Sports  
 Bar & Grille  
 218 Capitol Street  
 Charleston, WV 25301  
 PH: 304-343-5551  
 FAX: 304-343-5552

Date: Aug26'14 12:00PM  
 Card Type: Visa  
 Acct #: XXXXXXXXXXXX8448\*  
 Card Entry: KEYED  
 Trans Type: PURCHASE  
 Auth Code: 013097  
 Check: 4692  
 Check ID: SUPREME COURT  
 Server: 1001 AN Left

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Ganes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Ganes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 08/26/2014

Subtotal: 198.79

Tip: Inc.

Total: 198.79

*[Signature]*

Signature  
 I agree to pay the above total  
 according to my card issuer  
 agreement.

**\*\*GUEST COPY\*\***

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ 198.79
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 198.79</b>

**PURPOSE/JUSTIFICATION OF FUNCTION:**  
 Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):  
 R. Davis, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin, V. Shafer,  
 J. Charnock, B. Kayuha, E. Nash, C. Ganes, J. Gundy

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**  
 DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

Date: 10/30/2014 Time: 11:39:11 AM

Status: Approved  
 Card Type: Visa  
 Card Owner: GARNES/CHRISTOPHER A  
 Card Number: XXXXXXXXXXXXX8448  
 Server: 66 Britney S.  
 Check/Person #: 132838/1  
 Tab Number: 4076

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Games

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Games

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 10/30/2014

AMOUNT 201.56  
 TIP Inc.  
 TOTAL 201.56

Approval: 084569

I AGREE TO COMPLY WITH THE CARDHOLDER AGREEMENT

**CUSTOMER COPY**

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>201.56</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>201.56</u></b>

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davls, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin, V. Shafer, J. Charnock, C. Games, J. Gundy, B. Kayuha

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**JAN – DEC 2015**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**



**STATE OF WEST VIRGINIA**  
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 01/08/2015

Date: 1/8/2015 Time: 11:38:55 AM

Status: Approved

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448  
Expiration Date: X/XX/XXXX  
Server Name: Natalie  
Check Number: 194411  
Tab Number: 100  
Number Of Covers: 28  
Persons: 1, 2, 3, 4, 5, 6, 7, 8,  
9, 10, 11, 12, 13, 14  
Card Owner: garnes/christopher a

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>242.64</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>242.64</u>

AMOUNT	202.64
TIP	<u>40.50</u>
<b>TOTAL</b>	<u>242.64</u>
Approval:	070095

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davis, B. Benjamin, M. Workman, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, A. Angus, B. Kayuha

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

SOUTH HILLS

CONTACT PERSON Chris Garnes

Date 1/16/2015 Time: 11:38:07 AM

TELEPHONE NUMBER (304) 558-2060

Status Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa

LOCATION OF FUNCTION Justices' Chambers

Card Number: XXXXXXXXXXXX448

DATE(S) OF FUNCTION 01/16/2015

Expiration Date: X/XX/XXXX

Server Name: Tasha

Check Number: 184809

Tab Number: 400

Number Of Covers: 7

Persons: 1, 2, 3, 4, 5

Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>63.37</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>63.37</u>

AMOUNT	<u>52.87</u>
TIP	<u>10.50</u>
<b>TOTAL</b>	<u>63.37</u>
Approval:	<u>094240</u>

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

CUSTOMER COPY

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

M. Workman, A. Loughry, S. Canterbury

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**  
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

Date: 1/30/2015 Time: 11:30:18 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa  
Card Number: XXXXXXXXXXXX6448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 01/30/2015

Server Name: Natalie

Check Number: 195524

Tab Number: 400

Number Of Covers: 20

Persons: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>160.83</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>160.83</u>

AMOUNT	133.83
TIP	<u>27.00</u>
<b>TOTAL</b>	<u>160.83</u>
Approval: 006858	

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davis, M. Workman, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, C. Garnes, J. Gundy,

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

The Block Restaurant & Wine Cellar  
201 Capital Street  
Charleston, WV 25301  
ph (681) 265-9074

**STATE OF WEST VIRGINIA**  
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

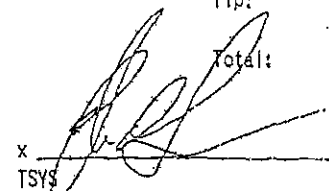
TABLE: Jamie #15 - 6 Guests  
Server: Jamie  
6/15/2015 11:59:34 AM  
Sequence #: 0000010  
ID #: 0067818

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
CONTACT PERSON Chris Garnes  
TELEPHONE NUMBER (304) 558-2060  
FUNCTION SPONSOR Chris Garnes  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 06/15/2015

ITEM	QTY	PRICE
Open Food	1	\$258.00
Subtotal		\$258.00
Grand Total		\$258.00
Credit Purchase		
Name	:GARNES/CHRISTOPHER A	
CC Type	:VISA	
CC Num	:xxxx xxxx xxxx 8448	
Approval	:073531	
Server	:Jamie	
Ticket Name	:Jamie #15	

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ 309.60
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 309.60</b>

Payment Amount: \$258.00  
Tip: 51.60  
Total: 309.60



PURPOSE/JUSTIFICATION OF FUNCTION:  
Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):  
R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, T. Evans, D. Swope, J. Stover,  
S. Canterbury, J. Stevenson, R. Melvin, V. Shafer, J. Charnock, C. Garnes, J. Gundy, A. Angus,

TSYS  
CUSTOMER COPY  
I agree to pay the amount shown above.  
Thank you for visiting!

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

SONOS  
800 SMITH ST  
CHARLESTON, WV 25301  
304 720-7646

Merchant ID: 160115609  
Term ID: 0929  
Server ID: 5516

# STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Sale

VISA

XXXXXXXXXXXX0448

Entry Method: Swiped

Apprvd: Online Batch#: 000003  
09/21/15 10:01:03

Inv#: 00000002 Appr Code: 091635

Amount: \$ 185.34

Tip: Inc.

Total: 185.34

-----

Customer Copy

THANK YOU

SONOS  
800 SMITH ST  
CHARLESTON, WV 25301  
304-720-7646

Merchant ID: 160115609  
Term ID: 0929  
Server ID: 5516

Sale

VISA

XXXXXXXXXXXX0448

Entry Method: Swiped

Apprvd: Online Batch#: 000003  
09/21/15 10:28:48

Inv#: 00000005 Appr Code: 013989

Amount: \$ 14.40

Tip: Inc.

Total: 14.40

-----

Customer Copy

THANK YOU

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 09/21/2015

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 199.74
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 199.74</b>

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees more than 20 must accompany the form):

R. Davis, M. Workman, M. Ketchum, A. Loughry, J. Stover, R. Melvin,  
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, S. Canterbury

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

AGENCY HEAD SIGNATURE

DATE



**JAN - DEC 2016**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Date: 3/15/2016 Time: 11:30:29 AM

CONTACT PERSON Chris Garnes

Status: Approved

TELEPHONE NUMBER (304) 558-2060

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448

FUNCTION SPONSOR Chris Garnes

Expiration Date: X/XX/XXXX

LOCATION OF FUNCTION Justices' Chambers

Server Name: Tasha

DATE(S) OF FUNCTION 03/16/2016

Check Number: 213079

Tab Number: 100

Number Of Covers: 23

Persons: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE \$ 194.93

MEETING ROOM \$ \_\_\_\_\_

EQUIPMENT RENTAL \$ \_\_\_\_\_

LODGING \$ \_\_\_\_\_

OTHER/ \$ \_\_\_\_\_

OTHER/ \$ \_\_\_\_\_

**TOTAL** \$ 194.93

Card Owner: garnes/christopher a

AMOUNT 181.93

TIP 33.00

**TOTAL**

194.93

Approval: 012867

**PURPOSE/JUSTIFICATION OF FUNCTION:**

CUSTOMER COPY

Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davis, M. Workman, M. Ketchum, A. Loughry, J. Stover, R. Melvin,

V. Shafer, J. Stevenson, C. Garnes, J. Gundy, H. Dalley,

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

SOHO'S  
800 SMITH ST  
CHARLESTOWN, WV 25301  
03/23/2016 11:35:27

**STATE OF WEST VIRGINIA**  
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

CREDIT CARD  
VISA SALE

Card # XXXXXXXXXXXXXXX8448  
Chip Card: CITI VISA  
AID: A0000000031010  
ATC: 0015  
TC: ADCE320C18C8CF2F  
SEQ #: 1  
Batch #: 234  
INVOICE 1  
SERVER 1638  
Approval Code: 085052  
Entry Method: Chip Read  
Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
CONTACT PERSON Chris Garnes  
TELEPHONE NUMBER (304) 558-2060  
FUNCTION SPONSOR Chris Garnes  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 03/23/2016

PRE-TIP AMT \$182.65  
TIP 36.5  
TOTAL AMOUNT 219.18

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>219.18</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>219.18</u></b>

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**  
Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):  
R. Davis, M. Ketchum, A. Loughry, T. Keadle, J. Hatcher, J. Mazzone, T. Evans, J. Stover, R. Melvin,  
J. Holliday, V. Shafer, C. Garnes, J. Gundy, H. Dalley,

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE



**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

SOHO'S  
800 SMITH ST  
CHARLESTOWN, WV 25301

04/11/2016 11:43:22

CREDIT CARD

VISA SALE

Card # XXXXXXXXXXXXXXX8148  
Chip Card: CITI VISA  
AID: A0000000031010  
ATC: 0019  
TC: 5205B65AB6D7DC29  
SEQ #: 1  
Batch #: 263  
INVOICE 1  
SERVER 5515  
Approval Code: 034094  
Entry Method: Chip Read  
Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
CONTACT PERSON Chris Garnes  
TELEPHONE NUMBER (304) 558-2060  
FUNCTION SPONSOR Chris Garnes  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 04/11/2016

PRE-TIP AMT \$54.24

TIP Inc  
TOTAL AMOUNT 54.24

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ 54.24
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 54.24</b>

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

M. Ketchum, R. Perry, D. O'Hanlon

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills marke  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Games

Date: 8/14/2016 Time: 11:24:46 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Games

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 06/14/2016

Server Name: Tasha  
Check Number: 216755

Tab Number: 600

Number Of Covers: 20

Persons: 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12

Card Owner: games/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>181.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>181.00</u>

AMOUNT 150.15

TIP 30.85

**TOTAL** 181.00  
Approval: 074980

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

CUSTOMER COPY

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, J. Stevenson, C. Games, J. Gundy

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

Date: 8/30/2016 Time: 11:40:18 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa  
Card Number: XXXXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX  
Server Name: Tasha  
Check Number: 219521  
Tab Number: 100  
Number Of Covers: 26  
Persons: 1, 3, 4, 5, 6, 7, 8, 9  
10, 11, 12, 13  
Card Owner: garnes/christopher a

DATE(S) OF FUNCTION 08/30/2016

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$	<u>203.33</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
<b>TOTAL</b>	\$	<u>203.33</u>

AMOUNT	189.33
TIP	<u>34.00</u>
<b>TOTAL</b>	<u>203.33</u>
Approval: 070060	

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

CUSTOMER COPY

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, B. Kayuha

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**JAN - DEC 2017**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

SOHO'S  
800 SMITH ST  
CHARLESTON, WV 25301

02/17/2017

11:30:05

CREDIT CARD

VISA SALE

Card # XXXXXXXXXXXXXXX844E  
Chip Card: CITI VISA  
AID: A000000003101C  
ATC: 0054  
TC: 872E446B1192A8A:  
SEQ #: :  
Batch #: 761  
INVOICE  
SERVER 351.  
Approval Code: 02281  
Entry Method: Chip Rea  
Mode: Issuer - PIN Bypass

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 02/17/2017

PRE-TIP AMT \$155.0

TIP           

TOTAL AMOUNT 155.04

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$	<u>155.04</u>
MEETING ROOM	\$	<u>          </u>
EQUIPMENT RENTAL	\$	<u>          </u>
LODGING	\$	<u>          </u>
OTHER/	\$	<u>          </u>
OTHER/	\$	<u>          </u>
<b>TOTAL</b>	\$	<u>155.04</u>

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

M. Workman, A. Loughry, J. Stevenson, V. Shafer, P. Embley, C. Garnes

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

**south hills market  
 and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 03/28/2017

Date: 3/28/2017 Time: 12:32:49 PM

Status: Approved

Card Type: Visa  
 Card Number: XXXXXXXXXXXX8448  
 Expiration Date: X/XX/XXXX  
 Server Name: Tasha  
 Check Number: 227727  
 Tab Number: 600  
 Number Of Covers: 13  
 Persons: 1, 2, 3, 4, 5, 6, 7, 8  
 Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$	<u>106.23</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
<b>TOTAL</b>	\$	<u>106.23</u>

AMOUNT 88.23  
 TIP 17.00

**TOTAL** 106.23  
 Approval: 060816

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

CUSTOMER COPY

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

M. Workman, M. Ketchum, A. Loughry, B. Walker, R. Davis

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
 FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
 DATE

By: \_\_\_\_\_  
 AGENCY HEAD SIGNATURE

\_\_\_\_\_  
 DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Clerk's Office

DATE(S) OF FUNCTION 07/31/2017

DEFERRED ORDER

\*\*\* Order Due: 12:15PM \*\*\*

Pies and Pints #2  
222 Capitol Street  
Charleston, WV 25301  
Phone:  
www.piesandpints.net

Ord#1  
TO GO  
Emp1:Ryan  
07/31/2017 12:20 PM

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$	<u>232.0</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
<b>TOTAL</b>	\$	<u>232.0</u>

1 Large Pizza Pie	16.00
1 Large Pizza Pie	16.00
1 Large Pizza Pie	16.00
1 Large Pizza Pie	16.00
Pepperoni	2.50
1 Large Pizza Pie	16.00
Pepperoni	2.50
1 Large Pizza Pie	16.00
Pepperoni	2.50
1 Large Classic Pie	24.00
1 Large Classic Pie	24.00
1 Char-Grilled hot wings	10.00
1 Char-Grilled hot wings	10.00
1 Char-Grilled hot wings	10.00
1 Char-Grilled hot wings	10.00

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Award Ceremony

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more must accompany the form):

M. Workman, A. Loughry, Clerk's Office, & guests

Subtotal	191.50
Tax	0.00
Total	191.50

Visa #448 Payment 191.50

Tip 40.50

Total 232.00

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
FUNCTION REPRESENTATIVE'S SIGNATURE

\*\*\*\*\*  
DATE

By: \_\_\_\_\_  
AGENCY HEAD SIGNATURE

DATE

\*\*\* Guest Copy \*\*\*

**STATE OF WEST VIRGINIA**  
 DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

SOHOS  
 800 SMITH ST  
 CHARLESTON, WV 25301  
 304-720-7646

08/30/2017 07:33:15  
 CREDIT CARD  
 VISA SALE

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 08/30/2017

Card # XXXXXXXXXXXXXXX8448  
 Chip Card: CITI VISA  
 AID: A0000000031010  
 ATC: 0085  
 TC: 2A7766A4F47FF8E5  
 SEQ #: 1  
 Batch #: 7  
 Trans #: 1  
 SERVER 5515  
 Approval Code: 089594  
 TRANS ID: 467242557761334  
 Entry Method: Chip Read  
 Mode: Issuer - PIN Bypass

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$	<u>190.14</u>
MEETING ROOM	\$	<u>          </u>
EQUIPMENT RENTAL	\$	<u>          </u>
LODGING	\$	<u>          </u>
OTHER/	\$	<u>          </u>
OTHER/	\$	<u>          </u>
<b>TOTAL</b>	\$	<u>190.14</u>

SALE AMOUNT \$190.14  
 TIP AMOUNT Inc.  
 TOTAL AMOUNT 190.14

THANK YOU  
 CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

M. Workman, M. Ketchum, A. Loughry, B. Walker, R. Melvin, W. Humphrey  
 V. Shafer, J. Stevenson, C. Garnes, J. Gundy,

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: \_\_\_\_\_  
 FUNCTION REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
 DATE

By: \_\_\_\_\_  
 AGENCY HEAD SIGNATURE

\_\_\_\_\_  
 DATE