



MAR – DEC 2013

**MEALS PURCHASED
FOR JUSTICES & STAFF**

SOUTH HILLS

Check No: 149161 Table No: 23
 Person No: 1,2,3,4,5,6,7
 Time: 11:12:58 AM Date: 3/6/2013

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

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 3/06/13

1	Wedge	7.00
1	Soup Cup	2.50
1	Spinach Salad	7.00
1	Greek Wrap Hlf	6.00
1	PbeToWrPHf	6.00
1	Orion Rings	5.00
1	Club Hlf	6.00
1	ChickSal Hlf	6.00
1	Club Whl	9.00
	Food Sub-Total	54.50
	Crab Cakes	14.00
	Other Sub-Total	14.00
	SUB TOTAL	88.50
	Sales Tax	0.00
	TOTAL	88.50

GRATUITY (20%)

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>88.50</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>88.50</u>

PURPOSE/JUSTIFICATION OF FUNCTION:

Justices 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): B. Benjamin, S. Cohen, J. Stever, R. Davis, A. Layley, V. Staffer, M. Ketchum, R. Melvin

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
 FUNCTION REPRESENTATIVE'S SIGNATURE

03/06/13
 DATE

By: [Signature]
 AGENCY HEAD SIGNATURE

04/09/2013
 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 V. Summers
 TELEPHONE NUMBER 304. 419. 0779
 FUNCTION SPONSOR V. Summers
 LOCATION OF FUNCTION Justices' Chambers
 DATE(S) OF FUNCTION 3/06/13

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

TERMINAL ID: 88032776
 UISA SHIP: 4515
 KEYED CUP
 MAIL ORDER SALE
 INU: 000014
 Mar 06, 13 14:56
 AUTH: 074590
 V-CODE: H
 TRF REF: 16306560537907
 VALIDATION CODE: WND

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>175.68</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>175.68</u>

APPROVED
 SALE AMT \$146.40
 TIP \$ 29.28
 TOTAL \$ 175.68

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Justices' 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. Pesty, E. Geizer, S. Cohen, B. Benjamin, M. Workman, M. Ketchum, R. Melvin, A. Langley, V. Shaffer, A. Angus, S. Gundy, H. Daily, B. Keyha

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
 FUNCTION REPRESENTATIVE'S SIGNATURE

03/06/13
 DATE

By: [Signature]
 AGENCY HEAD SIGNATURE

04/09/2013
 DATE

D CONVENT CAFE
423 VIRGINIA STREET WEST
CHARLESTON, WV 25302
304-295-7817
27020136610003

Merchant ID: 27020136610003
Record No.: 0001

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Sale

XXXXXXXXXXXX0270

VISA

Entry Method: Swiped

Amount:

\$ 216.34

Tax:

\$ 0.00

Tip:

20.00

Total:

236.34

03/07/13

11:35:20

Inv# 000001

Appr Code: 056331

Approved Online

Batch#: 000360

TRN Ref #:

003066597201526

Validation Code:

BSXB

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

3/07/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE

\$ 236.34

MEETING ROOM

\$

EQUIPMENT RENTAL

\$

LODGING

\$

OTHER/

\$

OTHER/

\$

TOTAL

\$ 236.34

THANK YOU!
PLEASE COME AGAIN!
CARDHOLDER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Justices' 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, E. Guiser, R. Perry, M. Workman, J. Stuv, R. Davis, B. Benjamin, S. Cohen, A. Laybrey, V. Shaffer, M. Ketchum, R. Melvin, A. Angus, J. Gandy, H. Daily, B. Kohn, S. Conkberry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By:

FUNCTION REPRESENTATIVE'S SIGNATURE

3/07/13

DATE

By:

AGENCY HEAD SIGNATURE

4/9/2013

DATE

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

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: A0632776

USA SRU: 5864
*****3779 EXP: **/** SWIPE
SALE INU: 000001
BATCH: 000139 Mar 26, 13 12:41
KRI: 01390001 AUTH: 022567

TAX REF: 163005566470103
VALIDATION CODE: TMS

APPROVED

SALE AMT \$179.00

TIP 20.00

TOTAL 199.00

VANISH A SUMMERS

CUSTOMER COPY

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 3/26/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>199.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>199.00</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): B. Benjamin, Sloken, S. Stover, R. Davis, Workman, J. Strawnson, R. Melvin, M. Ketchum, V. Shaffer, A. Layhney, A. Angus, S. Gurdy, H. Daily, V. Summers, E. Gasser, R. Perry, B. Koyka

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

3/26/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

4/09/2013
DATE

**south hills market
and café**

SOUTH HILLS

TMO 3 Form - Rev. 01/2008

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Date: 3/27/2013 Time: 11:38:04

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 3/27/13

Card Type: Visa
 Card Number: XXXXXXXXXXXX8270
 Expiration Date: X/XX/XXXX
 Server Name: Patrick
 Check Number: 150963
 Tab Number: 1000
 Number Of Covers: 19
 Persons: 1, 2, 3, 4, 5, 6
 8, 10, 11, 12, 13, 14, 15, 16
 Card Owner: SUMMERS/VAUGHN A

AMOUNT 175.45
 TIP 20.06

TOTAL 195.45
 Approval: 077596

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>195.45</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>195.45</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): R. Melvin, M. Ketchum, S. Storer, R. Davis, S. Cohen, B. Benjamin, V. Shaffer, A. Laughrey, M. Workman, A. Angus, S. Gandy, H. Daily, B. Kaplan, E. Geiser, R. Perry, V. Summers

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
 FUNCTION REPRESENTATIVE'S SIGNATURE

3/27/13
 DATE

By: [Signature]
 AGENCY HEAD SIGNATURE

4/09/2013
 DATE

A1 PATERHOS AT THE PARK
601 MORRIS ST
CHARLESTON, WV 25301
304-720-7640

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID.: A0032771
VISA
#####270 EXP:##/##
SALE
BATCH: 000141 INU: 000001
Mar 28, 13 12:10
R001 01410001 AUTH: 069913

TRN REF#: 163007547510504
VALIDATION CODE: SNA0

APPROVED

SALE AMT \$208.80

TIP \$30.00

TOTAL \$238.80

VAUGHN A SUMMERS

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 3/28/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 238.80
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 238.80

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. Melvin, M. Ketchum, S. Stevenson, M. Workman, S. Cohen, B. Benjamin, S. Slaw, R. Davis, V. Shaffu, A. Layhroy, S. Canturbury, R. Perry, E. Guiser, V. Summers, B. Kaylor, A. Angus, S. Gundy, Ho Daily

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

3/28/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

4/9/2013
DATE

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

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

TERMINAL ID: A02327
UISA SRU: 75
#####79 EXP:##/## SWIPE
SALE
BATCH: 000008 INU: 00000
APR 10, 13 11:51
RR#: 0000001 AUTH: 00409

TAN REF#: 283100570119032
VALIDATION CODE: 2060

APPROVED
SALE AMT \$246.00

TIP \$

TOTAL \$

VAUGHN A SUMMERS

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 4/10/13

CUSTOMER COPY

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>246.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>246.00</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): B. Benjamin, S. Coker, V. Summers, R. Davis, J. Sklar, M. Ketchum, R. Melvin, A. Langley, V. Shaffer, J. Stevenson, B. Knight, A. Anays, J. Gundy, E. Gaiser, R. Perry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

4/10/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

5/14/2013
DATE

SOHOS
800 SMITH ST
CHARLESTON, WV 25301
884-720-7646

Merchant ID: 160116609
Term ID: 0926
Server ID: 5615

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Sale

VISA
XXXXXXXXXXXX0270
Entry Method: Swiped
Apprvd: Online Batch#: 000
04/16/13 10:40
Inv#: 00000001 Appr Code: 031
Amount: \$ 212.62
Tip: _____
Total: _____

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 4/16/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>212.62</u>
MEETING ROOM	\$ <u>212.13</u>
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>212.62</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):

B. Benjamin, S. Chen, V. Summers, R. Perry, E. Gaiser, B. Kayhan,
A. Lupton, V. Shaffer, J. Skirson, M. Workman, J. Swan, Robin Davis, A. Angus, H. Daily,
S. Gundy

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

4/16/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

5/14/2013
DATE

REPRINT
BEARS DEN
405 CAPITOL ST
CHARLESTON, WV 25301

04/17/2013 10:20:
Merchant ID: 000000001179
Terminal ID: 044889
218208691996

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

CREDIT CARD
VISA ADJUST SALE

CARD # XXXXXXXXXXXXXXX827
INVOICE 000
Batch #: 00010
Approval Code: 01083
Entry Method: Manu
Mode: Onlr
Ave Code: NNN
MDSE/SERVICES \$117.0
TIP \$20.0
TOTAL AMOUNT \$137.0

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 4/17/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 137.00
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 137.00

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): B. Benjamin, S. Cohen, A. Angus, S. Gandy, R. Perry, E. Guizer, S. Canterbury, B. Kaylor, M. Ketchum, R. Melvin, J. Stevenson, M. Workman, S. Stuer, R. Davis, V. Shaffer

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

4/17/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

3/14/2013
DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

PATERNO AT THE PARK
601 HOPKINS ST
CHARLES TOWN WV 25301
304-720-7640

TERMINAL CO. 1 80232776
SERIAL 89017991
SALE SHIPPED
BATCH: 000014 INV: 000001
APR 18 13 10:43
ERR: 00140001 AUTH: 091425

TRV REF#: 163180529033410
COMBINATION CODE: NJ2A

APPROVED
SALE AMT \$238.80
TIP \$
TOTAL \$

VAUGHN A SUMMERS

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 4/18/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>238.80</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>238.80</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): *B. Benjamin, S. Cohen, S. Stuber, R. Davis, M. Ketchum, R. Melvin, S. Sturgeson, Workman, V. Shaffer, A. Loughry, R. Perry, E. Guizer, H. Daily, A. Angus, J. Gandy, B. Keyhan*

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

4/18/13
DATE

By: _____
AGENCY HEAD SIGNATURE

5/14/2013
DATE

WHEELHOUSE
1007 BRIDGE RD
CHARLESTON, WY 25314

04/24/2013 13:5
Merchant ID: 00000000173
Terminal ID: 421240017887 02595

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXXXXXXX
INVOICE 01
Batch #: 0007
SERVER 00
Approval Code: 0848
Entry Method: Max
Approved: Onli

PRE-TIP AMT \$138.0

TIP

TOTAL AMOUNT

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 4/24/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 138.00
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER \$ _____
OTHER \$ _____

TOTAL \$ 138.00

CUSTOMER COPY
PHONE ORDER / mba

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, S. Cohen, B. Benjamin, R. Melvin, M. Ketchum, S. Storer, R. Davis, S. Skvenson, M. Workman, V. Shetter, A. Layhry, B. Kaylor, A. Aguz, J. Gandy

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

4/24/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

5/14/2013
DATE

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

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL NO.: A0232776

UIA
*****0270 EXP: **/ **
SALE
SRV: 5864
SMTPE

BATCH: 00001 INU: 000001
May 14, 13 11:25
RR: 0010001 AUTH: 028183

TRM REF#: 002134554654563
VALIDATION CODE: W32

APPROVED

SALE AMT \$245.40

TIP \$

TOTAL \$245.40

VIRGINIA SUMMERS

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 5/14/13

CUSTOMER COPY

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>245.40</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>245.40</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. Melvin, M. Ketchum, J. Stew, R. Davis, S. Stevenson, M. Workman, V. Shaffer, A. Loughy, E. Gaisor, R. Perry, V. Summers, B. Kaylor, S. Oundj, A. Angus, H. Dailey

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

5/14/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

6/13/2013
DATE

WHEELHOUSE
1007 BRIDGE RD
CHARLESTON, WV 25314

05/15/2013 11:32:2
Merchant ID: 00000000173252
Terminal ID: 421240017887 0259913

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXXXX827
INVOICE 000
Batch #: 00074
SERVER 000
Approval Code: 06888
Entry Method: Swipe
Approved: Onln

PRE-TIP AMT \$113.21

TIP 20.00

TOTAL AMOUNT 133.20

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 5/15/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>133.20</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>133.20</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): J. Staver, R. Davis, S. Cohen, M. Ketchum, R. Melvin, V. Shaffer, A. Laybry, M. Workman, E. Guiso, R. Perry, V. Summers, S. Gundy, H. Daily

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

5/15/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

6/13/2013
DATE

STATE OF WEST VIRGINIA

BRIDGE ROAD BISTRO

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Date: 5/22/2013 Time: 11:58:16 AM

Status: Approved

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS

Card Type: Visa
Card Number: XXXXXXXXXXXX8270

CONTACT PERSON V. SUMMERS

Expiration Date: X/XX/XXXX

TELEPHONE NUMBER 304. 419. 0779

Server Name: Lorra

FUNCTION SPONSOR V. SUMMERS

Check Number: 167495

LOCATION OF FUNCTION Justices' Chambers

Tab Number: 200

Number Of Covers: 10

Persons: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17

DATE(S) OF FUNCTION 5/22/13

Card Owner: SUMMERS/VAUGHN A

AMOUNT 222.80

Gratuity 44.56

Total 267.36

ESTIMATED EXPENSES

FOOD AND BEVERAGE

MEETING ROOM

EQUIPMENT RENTAL

LODGING

OTHER/

OTHER/

TOTAL

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ 267.36

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, E. Gaiser, R. Pury, S. Cohen, B. Benjamin, J. Stuber, R. Davis, R. Melvin, M. Ketchum, S. Stevenson, M. Workman, V. Shaffer, A. Laughry, J. Gundy, A. Angus, H. Daily, B. Kaylor

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

5/22/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

6/13/2013
DATE

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

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: A0232771

UISA
*****0270 EXP: **/ **
SALE
BATCH: 000045 IMU: 000001
Jun 04, 13 11:47
RRN: 00450001 AUTH: 063225

TRN REF: 20313356742094
VALIDATION CODE: 2CX

APPROVED

SALE AMT \$202.80

TIP

TOTAL \$202.80

VAUGHN A SUMMERS

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 6/04/13

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, V. Summers, S. Stevenson, M. Workman, V. Shaffer, A. Langley, J. Stover, R. Davis, R. Melvin, M. Ketchum, A. Angus, J. Gandy, R. Perry, E. Caizer

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

6/12/13

DATE

By: [Signature]
AGENCY HEAD SIGNATURE

7/10/2013

DATE

50805
880 SHIFF ST
CHARLESTON, WV 25301
304-720-7646

Merchant ID: 160116689
Term ID: 0926
Server ID: 1630

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Sale

VISA

XXXXXXXXXXXX8270

Entry Method: Swiped

Apprvd: Online Batch#: 000001

06/12/13 10:40:01

Inv#: 00000001 Appr Code: 03464

Amount: \$ 217.71

Tip: 435

Total: 261.30

Customer Copy

THANK YOU

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 6/12/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 261.30
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 261.30

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. Stevenson, M. Workman, R. Melvin,
M. Ketchum, V. Shetter, A. Loughry, S. Stover, R. Davis, V. Summers, E. Guiso, R. Post,
AAGs A. Angus, S. Gandy, B. Kayhan

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

6/12/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

7/10/2013
DATE

1TH ST
H, WV 25301
-720-7846

WI 180116889
0926
ID: 5615

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Sale

VISA

XXXXXXXXXXXX0270

Entry Method: Swiped

Apprvd: Online Batch#: 000

06/18/13 10:34

Inv#: 00000001 Appr Code: 003

Amount: \$ 212

Tip: _____

Total: \$ 212.10

Customer Copy

THANK YOU

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 6/18/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>212.10</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>212.10</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, S. Stover, R. Davis, V. Summers, S. Stevenson, R. Melvin, M. Ketchum, V. Shaffer, A. Layton, E. Guiso, R. Perry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

6/18/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

7/10/2013
DATE

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

USA
*****8270 EXP: **/ **
SALE
BATCH: 000104 INU: 000001
AMR 27. 13 11:24
RAW: 01040001 AUTH: 013995

TRN REF#: 163239550453156
VALIDATION CODE: 462J

APPROVED

SALE AMT \$202.80

TIP

TOTAL 202.80

VAUGHN A SUMMERS

CUSTOMER COPY

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

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>202.80</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>202.80</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, S. Stover, R. Davis, R. McVey, M. Ketchum, V. Shultz, A. Longley, J. Stevenson, M. Workman, B. Kayler, E. Nash, R. Perry, V. Summers, J. Gundy, M. A. Angus, H. Daily

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

8/27/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

9/10/2013
DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SONOS
800 SMITH ST
CHARLESTON, WV 26001
304-720-7646

Merchant ID: 160116689
Term ID: 0926
Server ID: 6516

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
XXXXXXXXXXXX8270
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

Customer Copy

THANK YOU

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 264.30
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER \$ _____
OTHER \$ _____
TOTAL \$ 264.30

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. Ketchum, R. Melvin, B. Benjamin, S. Cohen, M. Workman, S. Stevenson, B. Kepley, V. Shetter, A. Langley, R. Davis, J. Stover, A. Angus, S. Candy, H. Daily, J. Wilkney, M. Wilkney

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

90ND8
808 SMITH ST
CHARLES)N, WV 25301
301 7646

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Document ID: 10.11.005
Form ID: 0926
Server ID: 1638

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 9/04/13

Acct: XXXXXX02?0
Ent. Method: Swiped
Approval: Online Balance: 000000
09:04/13 10:32:00
Inv#: 00000001 Appr Code: P
Amount: \$ 271.50
Tip: 46.30
Total: 277.80

Customer Copy
THANK YOU

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>277.80</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>277.80</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, V. Summers, S. Stevenson, M. Workman, J. Stover, R. Davis, R. Melvin, M. Ketchum, V. Shaker, A. Layhry, B. Kuyler, H. Daily, S. Gundy, A. Angus, S. Canterbury, E. Nesh, R. Perry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

09/04/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

PATEROS AT THE PARK
601 MORRIS ST
CHARLESTON, WV 25301
304-720-7640

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: A0232776

VISA SRV: 5864
*****270 EXP: **/ **
SWIPED
SALE
BATCH: 000114 INU: 000001
Sep 10, 13 11:45
RRN: 01140001 AUTH: 039451

TRN REF: 00253564091170
QUALIFICATION CODE: R06R

APPROVED

SALE AMT \$237.60

TIP \$ Included

TOTAL \$ 237.60

VAUGHN A SUMMERS

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 9/10/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 237.60
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 237.60

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. Melvin, M. Ketchum, J. Stover, R. Davis, M. Workman, S. Cohen, V. Summers, B. Benjamin, B. Kayhan, V. Shaker, A. Loughrey, S. Gandy, A. Angus, H. Daily, R. Pury, E. Nash

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

9/10/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

TO GO
8805
888 SMITH ST
CHARLESTON, WV 25301
304-720-7646

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Merchant ID: 160115689
Term ID: 0026
Server ID: 1638

Sale

VISA

XXXXXXXXXXXX9270

Entry Method: Swiped

Apprvd: Online Batch#: 000009

09/11/13 10:36:22

Inv#: 00000001 Appr Code: 042431

Amount: \$ 203.65

Tip: 4073

Total: 244.38

Customer Exp:

THANK YOU

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 9/11/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>244.38</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>244.38</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):

V. Summers, S. Coltr, B. Benjamin, R. McVie, M. Ketchum, V. Shaller, A. Langley, B. Kayhan, S. Stinson, M. Workman, S. Stuer, R. Davis, S. Gandy, R. Perry, A. Angus, E. Neal

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

9/11/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

south hills market and café

SOUTH HILLS

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Date: 9/12/2013 Time: 11:31:44 AM

Status: Approved

Card Type: Visa
Card Number: XXXXXXXXXXXX8270
Expiration Date: X/XX/XXXX
Server Name: Tasha
Check Number: 164279
Tab Number: 13
Number Of Covers: 1
Persons: 1
Card Owner: SUMMERS/VAUGHN A

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 Conference, 9/12/13

AMOUNT 97.48
TIP 20.00
TOTAL 117.48

ESTIMATED EXPENSES

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

\$ 117.48
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL

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):

Attached

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

9/12/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

SDHOS
808 SMITH ST
CHARLESTON, WV 25301
304-720-7546

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

Merchant ID: 160115689
Term ID: 0926
Server ID: 3228

Sale

VISA

XXXXXXXXXXXX8270

Entry Method: Swiped

Apprvd: Online Batch#: 000006

09/23/13 10:43:08

Inv#: 00000002 Appr Code: 025615

Amount: \$ 245.70

Tip: Included

Total: 245.70

Customer Copy

THANK YOU

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 9/23/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>245.70</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>245.70</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): R. Perry, E. Nash, R. Melvin, M. Ketchum, S. Sture, R. Davis, S. Cohen, B. Benjamin, J. Storrison, M. Wickham, V. Shabo, A. Lousley, V. Summers, B. Keyler, H. Dault, S. Gandy, A. Angus

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

9/23/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

PATEROS AT THE PARK
601 MORRIS ST
CHARLESTON, WV 25301
304-720-7640

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: A0232776

UISA SRV: 5864
*****3270 EXP: **/** SWIPED

SALE
BATCH: 000124 INV: 000001
SEP 24, 13 11:37
RRN: 01240001 AUTH: 090249

TRN REF#: 283267559796194
VALIDATION CODE: 646H

APPROVED

SALE AMT \$271.20

TIP

TOTAL \$271.20

VAUGHN A SUMMERS

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 9/24/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>271.20</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>271.20</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, V. Shaker, A. Loughry, W. Workman, S. Stevenson, S. Shuer, R. Davis, R. Melvin, M. Ketchum, R. Posty, E. Nash, V. Summers, H. Daily, A. Angus, S. Cundy, B. Keyler

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

9/24/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

WHEELHOUSE
1007 BRIDGE RD
CHARLESTON, WV 25314

09:25:2013 11:27:34
Merchant ID: 000000001732521
Terminal ID: 02599130
421240017887

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXXXX8270
INVOICE 0008
Batch #: 000857
SERVER 0001
Approval Code: 020672
Entry Method: Swiped
Approved: Online

PRE-TIP AMT \$146.18
TIP 20.00
TOTAL AMOUNT 166.18

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 9/25/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>166.18</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>166.18</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, J. Stover, M. Workman, S. Stevenson, R. Davis, S. Gandy, A. Arns, V. Summers, R. Perry, E. Neel, R. Melvin, M. Ketchum, V. Shaffer, A. Laughry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

9/25/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

10/08/2013
DATE

PATEROS AT THE PARK
601 MORRIS ST
CHARLESTON, WV 25301
304-720-7640

TMO 3 Form - Rev. 01/2008

TERMINAL ID.: 00232776

UISA SRV: 3213
*****0000270 EXP: **/** SWIPEO

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SALE
BATCH: 000130 INU: 000002
Oct 02, 13 11:24
RRN: 01300002 AUTH: 005657

TOL REF: 00327552105577
VALIDATION CODE: 13PF

APPROVED

SALE AMT \$248.40

TIP

TOTAL

248 40

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 10/02/13

VAUGHN A SUMMERS

PATEROS AT THE PARK
601 MORRIS ST
CHARLESTON, WV 25301
304-720-7640

CUSTOMER COPY

TERMINAL ID.: 00232776

UISA SRV: 4250
*****0000270 EXP: **/** SWIPEO

SALE
BATCH: 000130 INU: 000004
Oct 02, 13 12:23
RRN: 01300004 AUTH: 054243

TOL REF: 003275507265629
VALIDATION CODE: 13XX

APPROVED

SALE AMT \$7.46

TIP

TOTAL

3 00

10 46

VAUGHN A SUMMERS

CUSTOMER COPY

ESTIMATED EXPENSES

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

\$ 10.46 / 248.40
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ 258.86

TOTAL

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): B. Benjamin, S. Cohen, M. Ketchum, R. McVea, R. Davis, J. Stover, S. Stevenson, M. Workman, V. Stefer, A. Longley, B. Kaylor, S. Gundy, H. Daily, A. Angus, V. Summers, E. Nash, R. Perry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

10/02/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

11/07/2013
DATE

80003
888 SMITH ST
CHARLESTON, WV 25301
304-720-7646

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Merchant ID: 160115689
Term ID: 8926
Server ID: 3363

Sale

VISA

XXXXXXXXXXXX8270

Entry Method: Swiped

Apprvd: Online Batch#: 000001

10/03/13 10:40:36

Inv#: 00000002 Appr Code: 030223

Amount: \$ 231.83

Tip:

Total: 231.83

Customer Copy

THANK YOU

SPENDING UNIT NAME/ORG # SUPREME COURT OF APPEALS
CONTACT PERSON V. SUMMERS
TELEPHONE NUMBER 304. 414. 0779
FUNCTION SPONSOR V. SUMMERS
LOCATION OF FUNCTION Justices' Chambers
DATE(S) OF FUNCTION 10/03/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>231.83</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>231.83</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):

V. Summers, R. Perry, E. Nest, S. Cohen, B. Benjamin, R. Davis, S. Stuar, S. Stevenson, M. Workman, V. Sheker, A. Langry, M. Ketchum, R. Melvin, B. Kayhan, S. Condy, H. Duly, A. Angus

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

10/03/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

11/07/2013
DATE

Bluegrass Kitchen
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: Jean n
TABLE: 514
TICKET: 213185 10/01/2013 10:24
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 10/06/13

SUB TOTAL: 186.93
TOTAL: 186.93
CARD PAID: 186.93
GRATUITY: 20.00
TOTAL: 206.93


Signature

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 206.93
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 206.93

CARD #: XXXXXXXXXXXX8270
VAUGHN A SUMMERS
051999

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. McInis, M. Ketchum, S. Sturman, M. Workman, V. Shafer, A. Langley, B. Keylin, S. Cundy, H. DeLoe, A. Angus, E. Nash, R. Perry, V. Summers

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: 
FUNCTION REPRESENTATIVE'S SIGNATURE

10/06/13
DATE

By: 
AGENCY HEAD SIGNATURE

11/07/2013
DATE

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

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: 0023277
VISA
*****1240270 EXP:11/14
SALE
BATCH: 000139
Oct 15, 13
RRN: 01390001
IHV: 000001
11:41
AUTH: 089963

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 10/15/13

TRN REF#: 093700561929615
VALIDATION CODE: 2700
APPROVED
SALE AMT \$274.80
TIP
TOTAL 274.80
VAUGHN A SUMMERS

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>274.80</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>274.80</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, R. Davis, J. Stever, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Laughry, R. Perry, E. Nash, V. Summers, B. Karghiva, S. Gundy, H. Daily, A. Angus

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

10/15/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

11/07/2013
DATE

50805
200 SHITH ST
CHARLESTON, WV 25301
304-728-7646

Merchant ID: 160115689
Term ID: 8926
Server ID: 1638

Sale

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

VISA
XXXXXXXXXXXX8270
Entry Method: Swiped
Apprvd: Online Batch#: 000001
10/16/13 10:28:31
Inv#: 00000001 Appr Code: 005064
Amount: 20⁰⁰ \$ 219.10
Tip: 43.80
Total: 262.90

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 10/16/13

Customer Copy
THANK YOU

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>262.92</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>262.92</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, M. Ketchum, R. Melvin, V. Shefrin, A. Langley, S. Stevenson, M. Workman, B. Kaylor, V. Summers, R. Perry, F. Nash, S. Gudz, H. Daily, A. Angus

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

10/16/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

11/07/2013
DATE

808 SMITH ST
CHARLESTON, WV 25301
304-720-7646

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Merchant ID: 160116689
Term ID: 0926
Server ID: 3363

Sale

VISA

XXXXXXXXXXXX8270

Entry Method: Swiped

Apprvd: Online Batch#: 00000

10/24/13 10:24:4

Inv#: 00000001 Appr Code: 00198

Amount: \$ 273.18

Tip:

Total: 273.18

Customer Copy

THANK YOU

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 10/24/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>273.18</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>273.18</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. Shafer, A. Laughry, B. Kaghua, V. Summers, R. Perry, E. Nash, Su Gundy, H. Daily, A. Angus

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

10/24/13

DATE

By: [Signature]
AGENCY HEAD SIGNATURE

11/07/2013

DATE

PAIERNOS AT THE PARK
601 MORRIS ST
CHARLESTON, WV 25301
304-720-7640

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: 1 A0232775
VISA SRV: 5864
1111111111110270 EXP: 11/11 SMTPCD
SALE
BATCH: 000154 INV: 000001
Nov 05, 13 11:24
RR#: 01540001 AUTH: 073056

TRIP REF#: 083309587494530
VALIDATION CODE: PUAH

APPROVED

SALE AMT \$248.40

TIP Included

TOTAL \$248.40

VAUGHN A SUMMERS

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 11/05/13

ESTIMATED EXPENSES

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

\$ 248.40
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ 248.40

TOTAL

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, R. Davis, S. Stover, R. Melvin, M. Ketchum, S. Stevenson, M. Workman, V. Shafer, A. Laughry, R. Perry, E. Nash, V. Summers, A. Angus, S. Gundy, H. Daily

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

11/05/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

12/09/2013
DATE

50405
800 SMITH ST
CHARLESTON, WV 25301
304-728-7616

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

Merchant ID: 16011689
Term ID: 0926
Server ID: 1639

Sale

VISA
XXXXXXXXXXXX8270
Entry Method: Swiped
Apprvd: Online Batch#: 000001
11/20/13 11:45:11
Inv#: 00000001 Appr Code: 01527
Amount: \$ 179.31
Tax: 20% 358
Total: 215.22

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 11/20/13

Customer Copy

THANK YOU

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 215.22
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 215.22

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. Shafer, A. Loughry, R. Perry, F. Nash, V. Summers, S. Gandy, A. Angus, H. Daily, B. Kaylor

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

11/20/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

12/09/2013
DATE

south hills market
and cafe

SOUTH HILLS

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Date: 11/26/2013 Time: 11:33:01

Status: Approved
Card Type: Visa
Card Number: XXXXXXXXXXXX8270
Expiration Date: X/XX/XXXX
Server Name: Tasha
Check Number: 170373
Tab Number: 23
Number Of Covers: 1
Persons: 1
Card Owner: SUMMERS/VAUGHN A

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 11/25 11/26/13

AMOUNT 165.45
TIP 20.00
TOTAL 185.45

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 185.45
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 185.45

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. Stever, R. Melvin, M. Kitchum, J. Stevenson, M. Workman, V. Shafer, A. Laughry, V. Summers, E. Nash, R. Perry, H. Daily, A. Angus, S. Gundy

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

11/26/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

12/09/2013
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, J. Staver, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, J. Shafer, A. Lushy, R. Perry, E. Nash, V. Summers,

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: [Signature]
AGENCY HEAD SIGNATURE

1/20
DATE

30803
809 SMITH ST
CHARLESTON, WV 25301
304-729-7646

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Merchant ID: 169116689
Term ID: 0926
Server ID: 3363

Sale

VISA

XXXXXXXXXXXX0270

Entry Method: Swiped

Apprvd: Online Batch#: 000006

12/19/13 10:46:57

Inv#: 00000001 Appr Code: 099217

Amount: \$ 124.32

Tip: -----

Total: -----

Customer Copy

THANK YOU

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 12/19/13

ESTIMATED EXPENSES

FOOD AND BEVERAGE

\$ 124.32

MEETING ROOM

\$ _____

EQUIPMENT RENTAL

\$ _____

LODGING

\$ _____

OTHER/

\$ _____

OTHER/

\$ _____

TOTAL

\$ 124.32

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, V. Shaffer, A. Laughry, V. Summers, R. Perry, E. Nash, J. Gandy, A. Angus, B. Keyhan

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]
FUNCTION REPRESENTATIVE'S SIGNATURE

12/19/13
DATE

By: [Signature]
AGENCY HEAD SIGNATURE

1/14/2013
DATE