



**JAN – DEC 2014**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**

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

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

Merchant ID: 160116699  
Term ID: 0928  
Server ID: 1638

Sale

VISA  
XXXXXXXXXXXX8270  
Entry Method: Swiped  
Apprvd: Online Batch#: 000004  
01/08/14 11:18:30  
Inv#: 00000001 Appr Code: 076098  
Amount: \$ 188.36  
Tip: 37.67  
Total: 226.03

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 1/08/14

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 226.02
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 226.02

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. Lughry, S. Gundy, H. Dailey, R. Perry, E. Nash, B. Kayha, V. Summers

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

1/08/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

2/24/2014  
DATE

WHEELHOUSE  
1007 BRIDGE RD  
CHARLESTON, WV 25314

01/15/2014  
Merchant ID:  
Terminal ID:  
421240017887

11:32  
00000001732  
025991

### STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

CREDIT CARD  
VISA SALE

CARD #  
INVOICE XXXXXXXXXXXXXXX82;  
Batch #: 000  
SERVER 00094  
Approval Code: 000  
Entry Method: 06685;  
Approved: Stripper  
Online

PRE-TIP AMT \$138.72

TIP \$20.00

TOTAL AMOUNT \$158.72

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 1/15/14

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>158.72</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>158.72</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. Stover, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Laughry, R. Perry, E. Nash, V. Summers

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

2/24/14  
DATE

By: [Signature]  
AGENCY HEAD'S SIGNATURE

2/24/2014  
DATE

SONOS  
800 SMITH ST.  
CHARLESTON, WV 26301  
304-28-7646

Merchant ID: 1.011668  
Term ID: 8926  
Server ID: 111

### STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Sale

VISA  
XXXXXXXXXXXX6210  
Entry Method: (online)  
Apprvd: Online - Batch#: 00006  
01/22/14 11:27:2  
Inv#: 00000001 Appr Code: 05571  
Amount: 20% \$ 233.1  
Tip: \$ 46.6  
Total: \$ 279.72

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 1/22/14

Customer Copy  
THANK YOU

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 279.72
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 279.72

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, S. Stevenson, M. Workman, V. Shafiq, A. Laughry, S. Gandy, S. Gundy, H. Daily, R. Perry, E. Nash, V. Summers, B. Keighra

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

1/22/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

2/24/2014  
DATE

PATERHDS 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.: 60232776  
UIFA SRV: 5864  
\*\*\*\*\*18270 EXP: 11/13 SHIPPED  
SALE INU: 000012  
CATCH: 000206 Jan 28, 14 11:45  
ERN: 02060012 AUTH: 024695

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 11/28/14

TRN REF: 584... 10675707  
VALIDATION CODE: 89NS  
APPROVED  
SALE AMT \$253.00  
TIP \$  
TOTAL \$253.00  
VAUGHN A SUMMERS

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 253.00
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 253.00</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):

*S. Cohen, B. Benjamin, R. Davis, J. Stever, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafiq, A. Laughry, J. Gundy, H. Daily, R. Perry, E. Nash, V. Summers, B. Kephner*

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

DATE 1/20

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: A0232776

USA GRU: 3213  
\*\*\*\*\*0270 EXP: \*\*/\*\* SHIPPED  
SALE  
BATCH: 000212 INV: 000001  
Feb 04, 14 11:36  
RR#: 02120001 AUTH: 070595

TRN REF#: 304035593407924  
VALIDATION CODE: CPSA

APPROVED

SALE AMT \$259.20

TIP \$

TOTAL \$259.20

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 2/4/14

CUSTOMER COPY

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 259.20  
MEETING ROOM \$ \_\_\_\_\_  
EQUIPMENT RENTAL \$ \_\_\_\_\_  
LODGING \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
TOTAL \$ 259.20

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): S. Cohen, B. Benjamin, R. Davis, J. Stover, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Laybry, J. Cundy, H. Dailey, V. Summers, R. Perry, E. Gaiser, B. Kytka

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

2/4/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

3/12/2014  
DATE

SONOS  
800 SHITH ST  
CHARLESTON, WV 25301  
804-720-7646

Merchant ID: 160115689  
Term ID: 0926  
Server ID: 1638

Sale

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

VISA

XXXXXXXXXXXX0270

Entry Method: Swiped

Apprvd: Online Batch#: 000001

03/05/14

11:40:52

Inv#: 00000003 Appr Code: 069872

Amount:

225.58

Tip:

20.00

45.10

Total:

270.60

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 3/05/14

ESTIMATED EXPENSES

FOOD AND BEVERAGE

\$ 270.60

MEETING ROOM

\$ \_\_\_\_\_

EQUIPMENT RENTAL

\$ \_\_\_\_\_

LODGING

\$ \_\_\_\_\_

OTHER/

\$ \_\_\_\_\_

OTHER/

\$ \_\_\_\_\_

TOTAL

\$ 270.60

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): S. Cohen, B. Benjamin, R. Davis, S. Stover, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafiq, A. Laughry, J. Gandy, H. Daily, B. Kuyhva, E. Oaizer, R. Perry, V. Summers

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

3/05/14

DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

4/10/2014

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: 3213  
\*\*\*\*\*0270 EXP: \*\*/\*\* SWIPED  
SALE  
BATCH: 000245 IMU: 000001  
Mar 25, 14 11:42  
RRN: 02450001 AUTH: 099934

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 3/25/14

TRIP REF: 464084560120971  
VALIDATION CODE: 863C  
APPROVED  
SALE AMT \$222.00  
TIP  
TOTAL \$ 222.00  
VENDOR: A SUMMERS

ESTIMATED EXPENSES

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

\$ 222.00  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 222.00

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, J. Stover, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Laughry, R. Perry, E. Gaiser, V. Summers, B. Kanyha, J. Gundy, H. Daily

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

3/25/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

4/10/2014  
DATE



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

### STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**DUPLICATE**

Merchant ID: 160115689  
Term ID: 0928  
Server ID: 7101

Adjust 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 3/26/14

VISA.  
XXXXXXXXXXXX8270  
Entry Method: Swiped  
Apprvd: Online Batch#: 000007  
03/26/14 10:16:10  
Inv#: 00000001 Appr Code: 001438  
Amount: \$ 230.30  
Tip: \$ 46.06  
Total: \$ 276.36

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

ESTIMATED EXPENSES

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

\$ 276.36  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 276.36

TOTAL

X \_\_\_\_\_  
SUMMERS/VAUGHN A  
Merchant 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):

S. Cohen, B. Benjamin, R. Davis, J. Stover, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Lushy, J. Gandy, H. Daily, V. Summers, B. Kayhan, E. Gaiser, R. Perry

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

3/26/14

DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

4/10/2014

DATE

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: A0232776  
VISA SRV: 5864  
\*\*\*\*\*0270 EXP: \*\*/\*\* SHIPPED  
SALE  
BATCH: 000247 INU: 000001  
Mar 27, 14 11:34  
RRN: 02470001 AUTH: 086363

TRN REF#: 58408655579209  
VALIDATION CODE: JFWZ

APPROVED

SALE AMT \$200.40

TIP

200.40

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 3/27/14

ESTIMATED EXPENSES

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

\$ 200.40  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 200.40

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):

S. Cohen, B. Benjamin, R. Davis, J. Stever, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, J. Shafer, A. Laughry, H. Daily, J. Gundy, B. Kayha, V. Summers, R. Perry, E. Geiser

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

3/27/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

4/10/2014  
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 4/9/14 - Soho's

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

Merchant ID: 160116689  
 Term ID: 0926  
 Server ID: 5516

Sale

VISA  
 XXXXXXXXXXXX0270  
 Entry Method: Swiped  
 Apprvd: Online Batch#: 009003  
 04/08/14 1:22:34  
 Inv#: 00000001 Appr Code: 051817

ESTIMATED EXPENSES

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

\$ #280.62  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ #280.62

Amount: \$ 280.62  
 Tip: \_\_\_\_\_  
 Total: 280.62

TOTAL

Customer Code:  
 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):  
R. Davis, J. Stover, B. Benjamin, S. Cohen, M. Workman, J. Stevenson, M. Ketchum, R. Melvin, A. Laughray, V. Shaffer, K. Perry, E. Gaiser, H. Dailey, J. Gandy, B. Kayhva, C. Garries

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

# 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 4/9/14 - Peter's

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

TERMINAL ID.: AB222776

VISA SRV: 6789  
\*\*\*\*\*0270 EXP: 11/14 KEY ENTERED  
SALE  
BATCH: 000256 INU: 000001  
APR 09, 14 11:26  
RRN: 02560001 AUTH: 125318

TRN REF: 384099550719553  
VALIDATION CODE: GSRJ

APPROVED

SALE AMT \$235.20

TIP \$ \_\_\_\_\_

TOTAL \$ 235.20

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>\$235.20</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>235.20</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):

R. Davis, J. Stover, B. Benjamin, S. Cohen, M. Workman,  
J. Stevenson, M. Ketchum, R. Melvin, A. Laughry, V. Gaffner, R. Perry, E. Gaiser,  
A. Darley, J. Gurdy, B. Kauffman, C. Gornes

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

**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 4/22/14

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

TERMINAL ID.: AN232776  
 VISA SRV: 6789  
 \*\*\*\*\*270 EXP: \*\*/\*\*  
 KEY ENTERED  
 SALE  
 BATCH: 000265 INU: 000002  
 APR 22, 14 11:36  
 RRN: 02550001 AUTH: 022505  
 TAN REF#: 384112356612877  
 VALIDATION CODE: 27C8

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>204.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>204.00</u>

APPROVED  
 SALE AMT \$204.00  
 TIP \$ Included  
 TOTAL \$ 204.00

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):

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

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

**BRIDGE ROAD BISTRO**

Date: 4/23/2014 Time: 11:41:58 AM

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 4/23/14 - BRB

Status: Approved  
 Card Type: Visa  
 Card Number: XXXXXXXXXXXX8270  
 Expiration Date: X/XX/XXXX  
 Server Name: Lorra  
 Check Number: 193338  
 Tab Number: 900  
 Number Of Covers: 1  
 Persons: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15  
 Card Owner: Manual Ent

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>255.11</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>255.11</u>

AMOUNT 212.59  
 Gratuity 42.52  
 Total 255.11

Approval: 045917  
 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, 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. Kayhwa, 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

### STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

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

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 4/29/14 - Paterno's

TERMINAL ID: A0232776  
VISA  
\*\*\*\*\*18270 EXP:11/14 SRV: 3213 SHIPED  
SALE  
BATCH: 000270 INU: 000001  
APR 29, 14 11:27  
RRN: 02700001 AUTH: 049278

TRIP REF#: 5041955112024  
VALIDATION CODE: CIMP

APPROVED

SALE AMT \$139.20

TIP \$ \_\_\_\_\_

TOTAL \$ 139.20

VAUGHN A SUMMERS

CUSTOMER COPY

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 139.20
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
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. Coker, M. Workman,  
J. Stevenson, M. Ketchum, R. Melvin, A. Loughry, V. Shaller, 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

**STATE OF WEST VIRGINIA**

BRIDGE ROAD BISTRO

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Date: 5/5/2014 Time: 11:53:07 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 5/5/14

Card Type: Visa  
 Card Number: XXXXXXXXXXXX8270  
 Expiration Date: X/XX/XXXX  
 Server Name: Lorra  
 Check Number: 194267  
 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
<b>Total</b>	<b>253.74</b>

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>233.74</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <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. Shafer, A. Lughry, W. Kraybill, C. Barnes

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
 FUNCTION REPRESENTATIVE'S SIGNATURE

5/5/14  
 DATE

By: [Signature]  
 AGENCY HEAD'S SIGNATURE

6/13/2014  
 DATE



50405  
809 SHITIC ST  
CHARLESTON, WV 26301  
304-720-7646

# STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Merchant ID: 160115689  
Term ID: 0926  
Server ID: 5515

Sale

VISA

XXXXXXXXXXXX8270

Entry Method: Manual

Apprvd: Online Batch#: 00000

05/06/14 10:24:4

AVS Code: \*

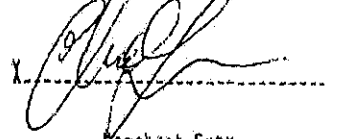
Inv#: 00000001 Appr Code: 08849

Amount: \$ 285.9

Tip: Included

Total: 285.96

I agree to pay above total amount according to card issuer agreement (Merchant agreement & credit voucher)



Merchant 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 5/6/14

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 285.96
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 285.96

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. Shuter, A. Loughry, J. Gundy, H. Daily, B. Kayhuan, E. Gaiser, R. Perry, C. Barnes

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

5/6/14  
DATE

By: [Signature]  
AGENCY HEAD SIGNATURE

6/13/2014  
DATE



**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**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  
Total 219.00

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE \$ 219.00  
MEETING ROOM \$ \_\_\_\_\_  
EQUIPMENT RENTAL \$ \_\_\_\_\_  
LODGING \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
TOTAL \$ 219.00

**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. Staver, R. Melvin, M. Ketchum, J. Stevenson, M. Workman, V. Shafer, A. Laughry

**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 AM Left

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 08/26/2014

Subtotal: 198.79

Tip: Inc.

Total: 198.79

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. Garnes, 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

SONOS  
800 SMITH ST  
CHARLESTON, WV 25301  
304-720-7946

Merchant ID: 160115689  
Term ID: 0925  
Server ID: 1638

Sale

VISA

XXXXXXXXXXXX0448

Entry Method: Swiped

Apprvd: Online Batch#: 000009

09/03/14

10:33:41

Inv#: 00000001 Appr Code: 001541

Amount: \$ 288.15

Tip: 41.63

Total: 249.78

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 09/03/2014

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>249.78</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>249.78</u></b>

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):

R. Davis, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, R. Perry, E. Nash, C. Garnes, J. Gundy, H. Dalley

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

Merchant ID: 160115689  
Term ID: 8925  
Server ID: 1638

# STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Sale

VISA

XXXXXXXXXXXX0448

Entry Method: Swiped

Apprvd: Online Batch#: 000009

09/10/14 10:19:10

Inv#: 00000001 Appr Code: 074564

Amount: \$ 210.85

Tip: 42.17

Total: 253.02

Customer Cop:

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 09/10/2014

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>253.02</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>253.02</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. Davis, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, V. Summers, J. Gundy, H. Dailey, 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

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 09/17/2014

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>231.20</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>231.20</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. Davis, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, H. Dalley, B. Kayuha, E. Gaiser, R. Perry

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

SOHOS  
898 SMITH ST  
CHARLESTON, WV 25301  
304-720-7645

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

Merchant ID: 160115689  
Term ID: 0925  
Server ID: 5515

Sale

VISA  
XXXXXXXXXXXX0448  
Entry Method: Swiped  
Apprvd: Online Batch#: 000007  
09/29/14 18:38:57  
Inv#: 00000002 Appr Code: 036065  
Amount: \$ 218.04  
Tip:  
Total: Free  
218.04

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 09/29/2014

Customer Copy  
THANK YOU

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>218.04</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>218.04</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. Davis, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, R. Perry, C. Garnes, J. Gundy, S. Canterbury, B. Kayuha

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE



PATERHOS AT THE PARK  
 601 MORRIS ST  
 CHARLESTON, WV 25301  
 304-766-6583

A

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

TERMINAL ID: A0332776  
 UISA CSH: 6789  
 \*\*\*\*\*000048 EXP: \*\*/\*\* SWIPED  
 SALE  
 BATCH: 000003 INV: 000001  
 Sep 30, 14 11:37  
 RR#: 00031001 AUTH: 095573  
 U-CODE: M

TRN REF#: 464273562123538  
 VALIDATION CODE: BPSF

APPROVED

SALE AMT \$178.80

TIP \$ Inc.

TOTAL \$ 178.80

CHRISTOPHER A GARNES

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 09/30/2014

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>178.80</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>178.80</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. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
 J. Charnock, V. Shafer, C. Games, J. Gundy, H. Dailey

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

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

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Date: Oct01'14 12:00PM  
Card Type: Visa  
Acct #: XXXXXXXXXXXX8448  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: Q32865  
Check: 2266  
Table: 804/1  
Server: 136 Laytasha

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 10/01/2014

Subtotal: 238.73

Tip: Inc.

Total: 238.73

[Signature]  
Signature

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

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

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ 238.73
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 238.73</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, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, H. Dailey, B. Kayuha

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

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

Ord#7  
TO GO  
Empl:Erick

10/14/2014 11:43 AM

Subtotal 168.00  
Tax 0.00  
Total 168.00

Visa 8448 Payment 168.00

Tip 33.60

Total 201.60

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

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 10/14/2014

\*\*\*\*\*

SPECIAL NOTE

SUPREME COURT  
PICK UP AT 1145

\*\*\*\*\*

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>201.60</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>201.60</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. Davis, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, H. Dailey,

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
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: Zachary M  
TABLE: 662  
TICKET #: 246184 10/15/2014 10:08  
GUESTS: 1

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 10/15/2014

SUB TOTAL: 148.50  
GRATUITY ADDED: 29.70  
TOTAL: 178.20  
CARD PAID: 178.20  
GRATUITY: Tax  
TOTAL: 178.20

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 178.20  
MEETING ROOM \$ \_\_\_\_\_  
EQUIPMENT RENTAL \$ \_\_\_\_\_  
LODGING \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
TOTAL \$ 178.20

CARD #: XXXXXXXXXXXX8448  
CHRISTOPHER A GARNES  
082058  
Thanks for supporting our small business!  
[www.bluegrasskitchen.com](http://www.bluegrasskitchen.com)  
Comments? Suggestions?  
email [contact@bluegrasswv.com](mailto:contact@bluegrasswv.com)  
\*\* 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, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, H. Dailey, 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



164 Summers Street  
Charleston WV

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Games

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 10/21/2014

Server: cashier  
Date: 10/21/2014 Time: 11:43:14  
Table: 111 / 1,2,3,4,5,6,7,8,9,10,11,12  
1,2,3,4,5,6,7,8,9,10,11,12/198187

Visa: XXXXXXXXXXXX8448  
Swipe: GARNES/CHRISTOPHER A  
Approved: 030879

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>143.94</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>143.94</u>

AMOUNT	113.94
TIP	<u>30.00</u>
TOTAL	<u>143.94</u>

X \_\_\_\_\_  
Customer Signature

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

Guest Copy

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

R. Davis, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, V. Summers, 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

Blacksheep Burrito & Brew  
162 Summers St.  
(304) 343-2739

Server: Amanda  
11:33 AM  
Court/1

DOB: 10/22/2014  
10/22/2014  
1/10002

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

SALE

CONTACT PERSON Chris Garnes

VISA 1048577

TELEPHONE NUMBER (304) 558-2060

Card #XXXXXXXXXXXX8448  
Magnetic card present: GARNES CHRISTOPHER  
Card Entry Method: S

FUNCTION SPONSOR Chris Garnes

Approval: 054657

LOCATION OF FUNCTION Justices' Chambers

Amount: \$ 112.15

DATE(S) OF FUNCTION 10/22/2014

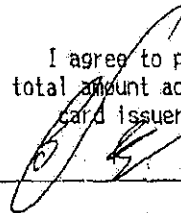
+ Tip: 20.43

= Total: 134.58

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>134.58</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>134.58</u>

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

 X

Visit [blacksheepwv.com](http://blacksheepwv.com)

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Guest 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. Davls, 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

**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: XXXXXXXXXXXX844B  
 Server: 66 Britney S.  
 Check/Person #: 132838/1  
 Tab Number: 4076

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 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	\$ 201.56
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 201.56</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, M. Workman, B. Benjamin, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin, V. Shafer, J. Charnock, C. Garnes, J. Gundy, B. Kayuha

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

BRIDGE ROAD BISTRO

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Date: 11/12/2014 Time: 11:54:09 AM

Status: Approved

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448  
Expiration Date: X/XX/XXXX  
Server Name: Scott  
Check Number: 207107  
Tab Number: 100  
Number Of Covers: 12  
Persons: 1, 2, 3, 4, 5, 6, 7, 8,  
9, 10, 11, 12  
Card Owner: garnes/christopher a

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 11/12/2014

AMOUNT 191.56  
Gratuity 40.98  
Total 232.54

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE \$ 232.54  
MEETING ROOM \$ \_\_\_\_\_  
EQUIPMENT RENTAL \$ \_\_\_\_\_  
LODGING \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
TOTAL \$ 232.54

Approval: 020354

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

By: [Signature]  
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

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

DATE