



**JAN – DEC 2015**

**MEALS PURCHASED  
FOR JUSTICES & STAFF**

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 01/08/2015

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

Status: Approved

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

**ESTIMATED EXPENSES**

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

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

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

SUNUS  
800 SMITH ST  
CHARLESTON, WV 25301  
304-720-7046

Merchant ID: 160119609  
Term ID: 0528  
Server ID: 5515

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

Sale

VISA  
XXXXXXXXXXXX8448  
Entry Method: Swiped  
Apprvd: Online Batch#: 000007  
01/13/15 10:51:31  
Tran#: 00000001 Appr Code: 054351  
Amount: \$ 228.42  
Tip: Inc.  
Total: 228.42

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
CONTACT PERSON Chris Garnes  
TELEPHONE NUMBER (304) 558-2060  
FUNCTION SPONSOR Chris Garnes  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 01/13/2015

Customer Copy  
THANK YOU

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>228.42</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>228.42</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, B. Benjamin, M. Workman, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, A. Angus, H. Dailey

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

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

TERMINAL ID: A0032776  
UISA CSH: 5864  
\*\*\*\*\*4040 EXP: \*\*/\*\*  
SALE  
BATCH: 000154 INU: 000001  
Jan 14, 15 12:36  
RRN: 01541641 AUTH: 055612  
U-CODE:

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
CONTACT PERSON Chris Garnes  
TELEPHONE NUMBER (304) 558-2060  
FUNCTION SPONSOR Chris Garnes  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 01/14/2015

TRM RE: #1 31 197758  
VALIDATION / E: FNOU  
APPROVED  
SALE AMT \$230.40  
TTP Inc  
TOTAL \$ 230.40

CHRISTOPHER A GARNES

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>230.40</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>230.40</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, B. Benjamin, M. Workman, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, A. Angus, H. Dailey

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 01/16/2015

Date: 1/16/2015 Time: 11:33:07 AM

STATUS: Approved

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448  
Expiration Date: X/XX/XXXX  
Server Name: Tasha  
Check Number: 184809  
Tab Number: 400  
Number Of Covers: 7  
Persons: 1, 2, 3, 4, 5  
Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

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

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

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

CUSTOMER COPY

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

M. Workman, A. Loughry, S. Canterbury

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

5 Corners Cafe  
423 Virginia St. W  
Charleston, WV 25302  
(304) 205-7817

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

TERMINAL ID: 27760082295101  
MERCHANT #: 067600

VISA SRV: I  
EXPIRES: 12/31/14 SWIPED  
SALE  
BATCH: 004428 INV: 000002  
Jan 27, 15 12:41  
AUTH: 014185

REFERENCE NUMBER: 00911075  
AUS: B  
U-CODE: P

SALE AMT \$115.48

TIP \$ 24.00

TOTAL \$ 139.48

TIP GUIDE  
(5%=\$17.32 20%=\$27.89 25%=\$34.87)

CHRISTOPHER A GARNES

Thank You  
Please Come Again

CUSTOMER 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 01/27/2015

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>139.48</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>139.48</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, M. Ketchum, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, J. Charnock, C. Garnes, J. Gundy, A. Angus, H. Dailey

**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

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

Date: Jan28'15 11:34AM  
 Card Type: Visa  
 Acct #: XXXXXXXXXXXX8448  
 Card Entry: SHIPED  
 Trans Type: PURCHASE  
 Auth Code: 023076  
 Check: 3846  
 Check ID: JUDGES  
 Server: 146 Kristynn

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 01/28/2015

Subtotal: 192.76

Tip: Tax  
 Total: 192.76

Signature  
 I agree to pay the above total according to my card issuer agreement.  
**\*\*GUEST COPY\*\***

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ 192.76
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 192.76</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. Workman, M. Ketchum, J. Stover, J. Stevenson, R. Melvin,  
 V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dailey

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 01/30/2015

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

Status: Approved

Card Type: Visa

Card Number: XXXXXXXXXXXX8448

Expiration Date: X/XX/XXXX

Server Name: Natalie

Check Number: 195524

Tab Number: 400

Number Of Covers: 20

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

Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>160.8</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>160.8</u>

AMOUNT	133.83
TIP	<u>27.00</u>
<b>TOTAL</b>	<u>160.83</u>

Approval: 006858

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE



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: 678  
TICKET #: 255728 02/04/2015 10:09  
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 02/04/2015

SUB TOTAL: 163.95  
TOTAL: 163.95  
CARD PAID: 163.95  
GRATUITY: 32.79  
TOTAL: 196.74

CARD #: XXXXXXXXXXXX8448  
CHRISTOPHER A GARNES  
087923

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE \$ 196.74  
MEETING ROOM \$ \_\_\_\_\_  
EQUIPMENT RENTAL \$ \_\_\_\_\_  
LODGING \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
TOTAL \$ 196.74

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, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dalley, B. Kayuha, S. Canterbury

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

### STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

TERMINAL ID: A0332776

VISA  
\*\*\*\*\*448 EXP: \*\*/\*\*  
SALE  
BATCH: 000173 INU: 000001  
Feb 10, 15 12:41  
RAN: 01731001 AUTH: 003988  
U-CODE: N

TRN REF: 305041600141046  
VALTIDATION CODE: WPTZ

APPROVED

SALE AMT \$193.20

TIP \$ Ins.

TOTAL \$ 193.20

CHRISTOPHER A GARNES

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 02/10/2015

#### ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>193.20</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>193.20</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, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dailey

#### AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

50805  
800 SMITH ST  
CHARLESTON, WV 25301  
304-720-7646

Merchant ID: 160115689  
Term ID: 0928  
Server ID: 5615

Sale

VISA  
XXXXXXXXXXXX8448  
Entry Method: Swiped  
Apprvd: Online Batch#: 000003  
02/11/15 10:59:51  
Inv#: 00000001 Appr Code: 033259  
Amount: \$ 207.78  
Tip: Fac.  
Total: 207.78

Customer Copy  
THANK YOU

**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 02/11/2015

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>207.78</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>207.78</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, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dalley

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

\*\*\*\*\* Merchant Copy \*\*\*\*\*

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

Charleston Town Center  
 Cafe 4343  
 Charleston, WV 25389  
 3044004638

2/12/2015  
 Order 524984

10:28:12 AM  
 Cashier: Arielle

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION State Capitol - East Wing

DATE(S) OF FUNCTION 02/12/2015

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>192.37</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>192.37</u></b>

SubTotal 160.31  
 Tax 0.00  
 Tax exempt ID 55600076  
 Gratuity 32.06  
 Total 192.37

Visa 192.37  
 Acct:XXXXXXXX8441  
 AuthCode:034925  
 Trans#:0

TIP:

Total:

*[Handwritten Signature]*  
 \$ 192.37

Customer Signature  
 I Agree to pay above total  
 amount according to the  
 card issuer agreement.

Your Order Number is: 584

\*\*\*\*\* Merchant 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):

Judges: Evans, Hutchinson, Swope, Wilkes, Johnson, Aslop, O'Briant, Clawges, Tabit  
 Tina and Loetta

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

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

**south hills market  
 and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 02/24/2015

Date: 2/24/2015      Time: 11:23:00 AM  
 Status:                      Approved  
 Card Type:                  Visa  
 Card Number:              XXXXXXXXXXXX8448  
 Expiration Date:        X/XX/XXXX  
 Server Name:              Tasha  
 Check Number:            186695  
 Tab Number:                100  
 Number Of Covers:      23  
 Persons:                    1, 2, 3, 4, 5, 6, 7, 8,  
                                   9, 10, 11  
 Card Owner:                garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>191.72</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>191.72</u>

AMOUNT	159.77
TIP	<u>31.95</u>
<b>TOTAL</b>	<u>191.72</u>
	Approval: 090908

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

**STATE OF WEST VIRGINIA** BRIDGE ROAD BISTRO

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

Date: 2/25/2015 Time: 11:20:58 AM

Status: Approved

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448

CONTACT PERSON Chris Garnes

Expiration Date: X/XX/XXXX

TELEPHONE NUMBER (304) 558-2060

Server Name: Victoria

FUNCTION SPONSOR Chris Garnes

Check Number: 214821

Tab Number: 100

LOCATION OF FUNCTION Justices' Chambers

Number Of Covers: 16

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

DATE(S) OF FUNCTION 02/25/2015

Card Owner: garnes/christopher a

AMOUNT 197.70

Gratuity 39.54

Total 237.24

Approval: 012790

CUSTOMER COPY

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE

\$ 237.24

MEETING ROOM

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

EQUIPMENT RENTAL

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

LODGING

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

OTHER/

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

OTHER/

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

TOTAL

\$ 237.24

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

R. Davis, M. Workman, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, B. Kayuha, R. Perry, C. Garnes, H. Dailey, A. Angus,

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

SUROS  
800 SMITH ST  
CHARLESTON, WV 25301  
304-720-7595

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

Merchant ID: 160116889  
Term ID: 0928  
Server ID: 3363

Sale

VISA  
XXXXXXXXXXXX8148  
Entry Method: Swiped  
Apprvd: Online Batch#: 00000  
02/26/15 10:53:1  
Inv#: 00000001 Appr Code: 05392  
Amount: \$ 189.54  
Tip: IMC  
Total: 189.54

Customer Copy  
THANK YOU

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
CONTACT PERSON Chris Garnes  
TELEPHONE NUMBER (304) 558-2060  
FUNCTION SPONSOR Chris Garnes  
LOCATION OF FUNCTION Justices' Chambers  
DATE(S) OF FUNCTION 02/26/2015

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>189.54</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>189.54</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, 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

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

Date: Mar 10' 15 11:49AM  
Card Type: Visa  
Acct #: XXXXXXXXXXXX8448\*  
Card Entry: KEYED  
Trans Type: PURCHASE  
Auth Code: 090286  
Check: 1866  
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

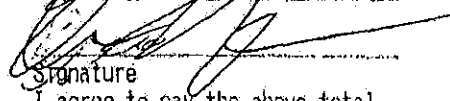
LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 03/10/2015

Subtotal: 170.80

Tip: 20.00

Total: 190.80



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

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

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>190.80</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>190.80</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):

R. Davis, M. Workman, M. Ketchum, A. Loughry, T. McHugh, J. Stover, R. Melvin,  
V. Shafer, V. Summers, J. Gundy, A. Angus, B. Kayuha, R. Perry

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE



**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

Date: 3/11/2015 Time: 11:30:35 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa

Card Number: XXXXXXXXXXXX8448

Expiration Date: X/XX/XXXX

Server Name: Tasha

Check Number: 197379

Tab Number: 200

Number Of Covers: 31

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

Card Owner: garnes/christopher a

DATE(S) OF FUNCTION 03/11/2015

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE \$ 225.25

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

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

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

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

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

TOTAL \$ 225.25

AMOUNT

\$ 187.71

TIP

\$ 37.54

TOTAL

\$ 225.25

Approval: 011729

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dailey, B. Kayuha, R. Perry

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

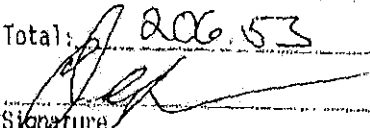
DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

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

Date: Apr07'15 11:43AM  
Card Type: Visa  
Acct #: XXXXXXXXXXXX8448  
Card Entry: SWIPE  
Trans Type: PURCHASE  
Auth Code: 095902  
Check: 2396  
Check ID: WV STATE  
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 04/07/2015

Subtotal: 172.11  
Tip: 34.42  
Total: 206.53

Signature:   
I agree to pay the above total according to my card issuer agreement,  
\*\*GUEST COPY\*\*

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ 206.53
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 206.53</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, M. Ketchum, A. Loughry, A. Ferguson, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dailey

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 04/08/2015

Date: 4/8/2015 Time: 11:22:34 AM

Status: Approved

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448  
Expiration Date: X/XX/XXXX  
Server Name: Tasha  
Check Number: 198784  
Tab Number: 100  
Number Of Covers: 21  
Persons: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11  
Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>168.07</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>168.07</u>

AMOUNT	140.06
TIP	<u>28.01</u>
<b>TOTAL</b>	<u>168.07</u>
	Approval: 090257

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**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

**BRIDGE ROAD BISTRO**

Check #: 217329 Date: 4/9/2015

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 04/09/2015

Server: 302 - Travis

Food Sub-Total	186.41
CHECK SUB-TOTAL	186.41
Sales Tax	0.00
Tip	37.29
TOTAL	223.70
Visa	223.70
Total Amount Paid	223.70
	=====

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>223.70</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>223.70</u>

Amount due 0.00

**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):

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

**STATE OF WEST VIRGIN**

DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

**south hills market  
 and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 04/22/2015

Date: 4/22/2015 Time: 11:41:54 AM

Status: Approved

Card Type: Visa  
 Card Number: XXXXXXXXXXXX8448  
 Expiration Date: X/XX/XXXX  
 Server Name: Tasha  
 Check Number: 199396  
 Tab Number: 100  
 Number Of Covers: 26  
 Persons: 1, 2, 3, 4, 5, 6, 7, 8,  
 9, 10, 11, 12, 13, 14  
 Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>203.97</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>203.97</u>

AMOUNT	169.97
TIP	<u>34.00</u>
<b>TOTAL</b>	<u>203.97</u>
	Approval: 061783

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

R. Davis, M. Workman, M. Ketchum, A. Loughry, T. McHugh, J. Stover, J. Stevenson, R. Melvin,  
 V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dalley

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

**STATE OF WEST VIRGIN**

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: May12'15 11:55AM  
Card Type: Visa  
Acct #: XXXXXXXXXXXX8448  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Auth Code: 037661  
Check: 3462  
Check ID: SUPREME  
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 05/12/2015

Subtotal: 165.30

Tip: 33.06

Total: 198.36

*[Signature]*

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

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

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ 198.3
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ 198.36</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, M. Ketchum, A. Loughry, J. Stover, J. Stevenson, R. Melvin,  
V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dalley, B. Kayuha

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

Merchant ID: 160116689  
Term ID: 0928  
Server ID: 6515

Sale

VISA  
XXXXXXXXXXXX8448  
Entry Method: Swiped  
Apprvd: Online Batch#: 000001  
06/09/15 10:05:09  
Inv#: 00000001 Appr Code: 002771  
Amount: \$ 154.68  
Tip: Inc  
Total: 154.68

Customer Copy  
THANK YOU

**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 06/09/2015

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>154.68</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>154.68</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. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin,  
V. Shafer, B. Kayuha, C. Garnes, J. Gundy, A. Angus,

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

**south hills market  
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Date: 6/10/2015 Time: 11:54:23 AM

CONTACT PERSON Chris Garnes

Status: Approved

TELEPHONE NUMBER (304) 558-2060

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448

FUNCTION SPONSOR Chris Garnes

Expiration Date: X/XX/XXXX

LOCATION OF FUNCTION Justices' Chambers

Server Name: Tasha

Check Number: 201740

Tab Number: 400

DATE(S) OF FUNCTION 06/10/2015

Number Of Covers: 16

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

Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>125.51</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____

AMOUNT	104.51
TIP	<u>2.00</u>
<b>TOTAL</b>	<u>125.51</u>
Approval: 027411	

**TOTAL** \$ 125.51

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE



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

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

TABLE: Jamie #15 - 6 Guests  
 Server: Jamie  
 6/15/2015 11:59:34 AM  
 Sequence #: 0000010  
 ID #: 0057818

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

ITEM	QTY	PRICE
Open Food	1	\$258.00
Subtotal		\$258.00
Grand Total		\$258.00

Credit Purchase  
 Name : GARNES/CHRISTOPHER A  
 CC Type : VISA  
 CC Num : xxxx xxxx xxxx 8448  
 Approval : 073531  
 Server : Jamie  
 Ticket Name : Jamie #15

**ESTIMATED EXPENSES**

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

Payment Amount: \$258.00

Tip: 51.60  
 Total: 309.60

TSYS  
 CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

I agree to pay the amount shown above.

Thank you for visiting!

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

R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, T. Evans, D. Swope, J. Stover,  
 S. Canterbury, J. Stevenson, R. Melvin, V. Shafer, J. Charnock, C. Garnes, J. Gundy, A. Angus,

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

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

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

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 06/16/2015

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>260.40</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>260.40</u>

TABLE: Take Out #23 - 6 Guests  
 Server: Jacqui  
 6/16/2015 11:21:42 AM  
 Sequence #: 0000002  
 ID #: 0057898

ITEM	QTY	PRIC
Open Food	1	\$217.0
- Court		
Subtotal		\$217.0
Total Taxes		\$0.0
Grand Total		\$217.0

Credit Purchase  
 Name : GARNES/CHRISTOPHER A  
 CC Type : VISA  
 CC Num : xxxx xxxx xxxx 8448  
 Approval : 034930  
 Server : Jacqui  
 Ticket Name : Take Out #23

Payment Amount: \$217.0  
 Tip: 43.40  
 Total: 260.40

**PURPOSE/JUSTIFICATION OF FUNCTION:**  
 Conference

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

x \_\_\_\_\_  
 TSYS  
 CUSTOMER COPY  
 I agree to pay the amount shown above.

Thank you for visiting!

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

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

**south hills market  
 and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 09/02/2015

Date: 9/2/2015      Time: 11:44:50 AM  
 Status:                      Approved  
 Card Type:                  Visa  
 Card Number:              XXXXXXXXXXXX8448  
 Expiration Date:          X/XX/XXXX  
 Server Name:                Tasha  
 Check Number:              205255  
 Tab Number:                 100  
 Number Of Covers:        29  
 Persons:                     1, 2, 3, 4, 5, 6, 7, 8  
                                     9, 10, 11, 12, 13  
 Card Owner:                 garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>231.49</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>231.49</u></b>

AMOUNT	195.49
TIP	<u>36.00</u>
<b>TOTAL</b>	<b><u>231.49</u></b>
	Approval: 036136

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**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

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

TABLE: Supreme To Go - 14 Guests  
 Server: Heather P  
 9/10/2015 11:43:01 AM  
 Sequence #: 0000001  
 ID #: 0088707

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 09/10/2015

ITEM	QTY	PRICE
Grilled Chx		\$198.00
Automatic Service Fee Gratuity		\$35.64
<b>Grand Total</b>		<b>\$233.64</b>
<b>Amount Due:</b>		<b>\$233.64</b>

Credit Purchase  
 Name : GARNES/CHRISTOPHER A  
 CC Type : VISA  
 CC Num : xxxx xxxx xxxx 8448  
 Approval : 076204  
 Server : Heather P  
 Ticket Name : Supreme To Go

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>233.64</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>233.64</u></b>

Payment Amount: \$233.64  
 (Includes \$35.64 from 18% Automatic Service Fee Gratuity)

Additional Tip: \_\_\_\_\_  
 Total: 233.64

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE



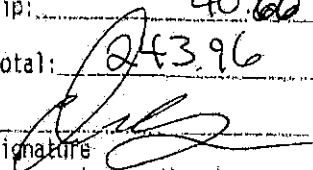
**STATE OF WEST VIRGINIA**  
 DEPARTMENT OF ADMINISTRATION  
 TRAVEL MANAGEMENT OFFICE  
 REQUEST FOR HOSPITALITY SERVICE

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

Date: Sep16'15 12:14PM  
 Card Type: Visa  
 Acct #: XXXXXXXXXXXX8448  
 Card Entry: SWIPED  
 Trans Type: PURCHASE  
 Auth Code: 633999  
 Check: 4360  
 Check ID: COURT  
 Server: 1002 AM Right

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 09/16/2015

Subtotal: 203.30  
 Tip: 40.66  
 Total: 243.96

Signature:   
 I agree to pay the above total according to my card issuer agreement.  
 \*\*GUEST COPY\*\*

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>243.9</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>243.96</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, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
 V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, H. Dailey, B. Kayuha

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

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

Merchant ID: 160115699  
Term ID: 0928  
Server ID: 5516

Sale

# STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

VISA

XXXXXXXXXXXX8448

Entry Method: Swiped

Apprvd: Online Batch#: 000003

09/21/15

10:01:03

Inv#: 0000002 Appr Code: 091635

Amount: \$ 185.34

Tip: Inc

Total: 185.34

Customer Copy  
THANK YOU

PENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 09/21/2015

### ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 199.74
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____

TOTAL \$ 199.74

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

Merchant ID: 160115699  
Term ID: 0928  
Server ID: 5516

Sale

### PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

### AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

AGENCY HEAD SIGNATURE

DATE

VISA

XXXXXXXXXXXX8448

Entry Method: Swiped

Apprvd: Online Batch#: 000003

09/21/15

10:28:43

Inv#: 0000005 Appr Code: 013989

Amount: \$ 14.40

Tip: Inc

Total: 14.40

Customer Copy  
THANK YOU

**STATE OF WEST VIRGINIA**

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

**south hills market  
and café**

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

SOUTH HILLS

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

Date: 9/22/2015 Time: 11:50:23 AM

FUNCTION SPONSOR Chris Garnes

Status: Approved

LOCATION OF FUNCTION Justices' Chambers

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448

DATE(S) OF FUNCTION 09/22/2015

Expiration Date: X/XX/XXXX  
Server Name: Tasha  
Check Number: 206113  
Tab Number: 400  
Number Of Covers: 30  
Persons: 1, 2, 3, 4, 5, 6, 7  
9, 10, 11, 12, 13, 14, 15  
Card Owner: garnes/christopher

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE \$ 248.32  
MEETING ROOM \$ \_\_\_\_\_  
EQUIPMENT RENTAL \$ \_\_\_\_\_  
LODGING \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_  
OTHER/ \$ \_\_\_\_\_

TOTAL \$ 248.32

AMOUNT 206.93

TIP 41.39

TOTAL 248.32

Approval: 010036

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

CUSTOMER COPY

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

R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, H. Dailey, D. Frye

**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

BRIDGE ROAD BISTRO

Date: 9/23/2015 Time: 11:32:33 AM

Status: Approved

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Card Type: Visa  
Card Number: XXXXXXXXXX6440  
Expiration Date: X/XX/XXXX  
Server Name: Lorna  
Check Number: 220920  
Tab Number: 200  
Number Of Covers: 14  
Persons: 1, 2, 3, 4, 5, 6, 7, 8,  
9, 10, 11, 12, 13, 14, 15  
Card Owner: Manual Ent

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 09/23/2015

AMOUNT 256.95

Gratuity 47.95

Total 304.55

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>304.55</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>304.55</u>

Approval: 069467

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, H. Dalley, D. Frye

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

# STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION  
TRAVEL MANAGEMENT OFFICE  
REQUEST FOR HOSPITALITY SERVICE

## south hills market and café

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 10/06/2015

Date: 10/6/2015 Time: 11:51:46 AM

Status: Approved

Card Type: Visa  
Card Number: XXXXXXXXXXXX8440  
Expiration Date: X/XX/XXXX  
Server Name: Alison  
Check Number: 208682  
Tab Number: 100  
Number Of Covers: 33  
Persons: 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15  
Card Owner: garnes/christopher a

### ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>234.38</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>234.38</u></b>

AMOUNT	<u>206.38</u>
TIP	<u>28.00</u>
<b>TOTAL</b>	<b><u>234.38</u></b>

Approval: 062229

### PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

CUSTOMER COPY

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

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

### 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

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

TERMINAL ID.: 08332776  
VISA CSH: 9812  
\*\*\*\*\*0448 EXP: \*\*/\*\* SWIPED  
SALE  
BATCH: 000339 INU: 000002  
Oct 07, 15 11:48  
RRN: 03391002 AUTH: 036384  
V-CODE: N

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 10/07/2015

TRN REF#: 385200566947267  
VALIDATION CODE: 16X9

APPROVED  
SALE AMT \$193.20  
TIP \$ Tac  
TOTAL \$ 193.20

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 203.20
MEETING ROOM	\$
EQUIPMENT RENTAL	\$
LODGING	\$
OTHER/	\$
OTHER/	\$
<b>TOTAL</b>	<b>\$ 203.20</b>

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

TERMINAL ID.: 08332776  
VISA CSH: 9812  
\*\*\*\*\*0448 EXP: \*\*/\*\* SWIPED  
SALE  
BATCH: 000339 INU: 000003  
Oct 07, 15 12:16  
RRN: 03391003 AUTH: 073471  
V-CODE: N

TRN REF#: 585200583644349  
VALIDATION CODE: 8886

APPROVED  
SALE AMT \$7.00  
TIP \$ 3.00  
TOTAL \$ 10.00

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

R. Davis, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, C. Garnes, J. Gundy, A. Angus, H. Dailey,

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

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

Merchant ID: 160115600  
Term ID: 0928  
Server ID: 1838

Sale

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 10/14/2015

VISA  
XXXXXXXXXXXX8448  
Entry Method: Swiped  
Apprvd: Online Batch#: 3000  
10/14/15 09:51:  
Inv#: 00000001 Appr Code: 0256  
Amount: \$ 206.  
Tip: 40.00  
Total: 246.00  
\*\*\*\*\*

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>246.10</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>246.10</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, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, 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

south hills market  
and café

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Date: 11/3/2015 Time: 11:33:54 AM

CONTACT PERSON Chris Garnes

Status: Approved/Post

TELEPHONE NUMBER (304) 558-2060

Card Type: Visa  
Card Number: XXXXXXXXXXXX8448

FUNCTION SPONSOR Chris Garnes

Expiration Date: X/XX/XXXX

LOCATION OF FUNCTION Justices' Chambers

Server Name: Tasha

Check Number: 207630

DATE(S) OF FUNCTION 11/03/2015

Tab Number: 100

Number Of Covers: 31

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

Card Owner: garnes/christopher a

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>245.56</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>245.56</u>

AMOUNT 204.56

TIP 41.00

**TOTAL** 245.56  
Approval: 100000

CUSTOMER COPY

**PURPOSE/JUSTIFICATION OF FUNCTION:**

Conference

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

R. Davis, M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok  
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, 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 11/04/2015

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

TERMINAL ID: A0332776  
VISA CSH: 5964  
\*\*\*\*\*0448 EXP: 11/14 SHIPPED  
SALE  
BATCH: 000361 INU: 000001  
Nov 04, 15 12:42  
RRN: 03611001 AUTH: 071105  
U-CODE: H

TRN REF: 305308539440827  
VALIDATION CODE: 8834

**ESTIMATED EXPENSES**

FOOD AND BEVERAGE	\$ <u>177.60</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	<b>\$ <u>177.60</u></b>

APPROVED  
SALE AMT \$177.60  
TIP \$ Inc.  
TOTAL \$ 177.60

CHRISTOPHER A GARNES

**PURPOSE/JUSTIFICATION OF FUNCTION:**  
 Conference CUSTOMER COPY

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

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

SOHO'S  
 800 SMITH ST  
 CHARLESTOWN, WV 25301  
 11/16/2015 12:12:1  
 CREDIT CARD  
 VISA SALE  
 Card # XXXXXXXXXXXXX81-  
 Chip Card: CITI VI  
 AID: A00000000310  
 ATC: 00  
 TC: EF26D44AF37FD6  
 SEQ #:  
 Batch #:  
 INVOICE  
 SERVER 55  
 Approval Code: 0644  
 Entry Method: Chip Re  
 Mode: Issuer - PIN Bypass

SPENDING UNIT NAME/ORG # Supreme Court of Appeals  
 CONTACT PERSON Chris Garnes  
 TELEPHONE NUMBER (304) 558-2060  
 FUNCTION SPONSOR Chris Garnes  
 LOCATION OF FUNCTION Justices' Chambers  
 DATE(S) OF FUNCTION 11/16/2015

PRE-TIP AMT \$191.  
 TIP JMG  
 TOTAL AMOUNT 191.76

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>191.76</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>191.76</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, M. Workman, M. Ketchum, A. Loughry, J. Stover, R. Melvin,  
 V. Shafer, C. Garnes, J. Gundy, S. Canterbury

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

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

TABLE: Supreme Court - 12 Guests  
 Server: Daniel M.  
 11/17/2015 11:24:00 AM  
 Sequence #: 0000003  
 ID #: 0075056

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 11/17/2015

ITEM	QTY	PRI
Trio Meatballs	1	\$12.
Goat Cheese Brulee	1	\$10.
- Add: Marcona Encrusted C		\$6.
- Justice Workman		
Portobella Napoleon	1	\$14.
- Justice Davis		
The New Salad In Town	1	\$10.
- Justice Ketchum		
The Block Burger	(20)	\$14.00
House Salad	1	\$8.00
- Add: Marcona Encrusted C		\$5.00
- Justice Benjamin		
Eggplant Panini	1	\$8.00
- Justice Loughry		
Marcona Chicken Salad	1	\$12.00
- Jennifer		
House Salad	1	\$8.00
- Add: Corn		
- Jeanne		
Side: Brussel Sprout	1	\$3.00
House Salad	1	\$8.00
The Block Burger	1	\$14.00
- Ruth		
Hummus Trio	1	\$10.00
- Vici		

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>243.48</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>243.48</u>

Total: 243.48

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

x \_\_\_\_\_  
 TSYS  
 CUSTOMER COPY  
 I agree to pay the amount shown above.

Thank you for visiting!

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE



**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 12/09/2015

SOHO'S  
 800 SMITH ST  
 CHARLESTOWN, WV 25301  
 12/09/2015 11:28:04  
 CREDIT CARD  
 VISA SALE

Card # XXXXXXXXXXXXXXXX0618  
 Chip Card: CITI VISA  
 AID: A0000000031010  
 ATC: 0006  
 TC: 42268AEQEA60ACSE  
 SEQ #: 1  
 Batch #: 77  
 INVOICE 1  
 SERVER 1638  
 Approval Code: 040870  
 Entry Method: Chip Read  
 Mode: Issuer - PIN Bypassed

<b>ESTIMATED EXPENSES</b>	
FOOD AND BEVERAGE	\$ <u>177.84</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
<b>TOTAL</b>	\$ <u>177.84</u>

PRE-TIP AMT \$148.20  
 TIP <sup>20%</sup> 2964  
 TOTAL AMOUNT 177.84

**PURPOSE/JUSTIFICATION OF FUNCTION:**  
 Conference CUSTOMER COPY

**FUNCTION ATTENDEES** (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):  
 M. Workman, M. Ketchum, A. Loughry, B. Benjamin, R. Melvin,  
 C. Garnes, J. Gundy, A. Angus, S. Canterbury, S. Green

**AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION**

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

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE