



JAN - DEC 2016

**MEALS PURCHASED
FOR JUSTICES & STAFF**

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

**south hills market
and café**

CONTACT PERSON Chris Garnes

SOUTH HILLS

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

Date: 1/5/2016 Time: 11:30:20 AM

LOCATION OF FUNCTION Justices' Chambers

Status: Approved

DATE(S) OF FUNCTION 01/05/2016

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: Tasha
Check Number: 210201
Tab Number: 100
Number Of Covers: 27
Persons: 1, 2, 3, 4, 5, 6, 7,
9, 10, 11, 12, 13
Card Owner: garnes/christopher a

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>217.18</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>217.18</u>

AMOUNT 160.18
TIP 37.00

TOTAL 217.18
Approval: 008330

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

CUSTOMER COPY

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: Jan12'16 12:39PM
Card Type: Visa
Acct #: XXXXXXXXXXXX8448
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 084451
Check: 3118
Check ID: SUPREME COURT JU
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 01/12/2016

Subtotal: 227.65
Tip: 32.00
Total: 259.65

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 259.65
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 259.65

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

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Hutchison, 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

SOHO'S
800 SMITH ST
CHARLESTOWN, WV 25301
01/13/2016 11:31:57
CREDIT CARD
VISA SALE
Card # XXXXXXXXXXXXX08148
Chip Card: CITI VISA
AID: A0000000031010
ATC: 0008
TC: 09AF15F497938DDE
SEQ #: 1
Batch #: 127
INVOICE 1
SERVER 1638
Approval Code: 046927
Entry Method: Chip Read
Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals
CONTACT PERSON Chris Garnes
TELEPHONE NUMBER (304) 558-2060
FUNCTION SPONSOR Chris Garnes
LOCATION OF FUNCTION Justices' Chambers
DATE(S) OF FUNCTION 01/13/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>243.84</u>
MEETING ROOM	\$	<u> </u>
EQUIPMENT RENTAL	\$	<u> </u>
LODGING	\$	<u> </u>
OTHER/	\$	<u> </u>
OTHER/	\$	<u> </u>
TOTAL	\$	<u>243.84</u>

PRE-TIP AMT \$203.20
TIP 40.64
TOTAL AMOUNT 243.84

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,

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

LOLAS PIZZA
1038 BRIDGE RD
CHARLESTON, WV, 25314
304-343-5652

TERMINAL ID: 0005560000215434520
MERCHANT #: 00215434

VISA
*****1048 EXP: **/**
SALE

RECORD: 1
DATE: Jan 19, 16
BATCH: 000034
TRN: 119162145

INU: 000001
TIME: 1112
AUTH: 043414
VISA TRM ID: 466019589054379

APPROVAL 043414

BASE \$141.75

TIP \$ 29.00

TOTAL \$ 170.75

CHRISTOPHER A GARNES

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 01/19/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 170.75
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 170.75

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, 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 VIRGIN

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

BLOSSOM DAIRY
904 QUARRIER ST
CHARLESTON, WV 25301
ph (304) 345-9999

We hope you have a BLOSSOM day!!!!
Tickets on sale for _____ MYSTERY
DINNER _____
THEATER _____ last Thur, of
the _____
month _____

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 01/20/2016

TABLE: Valerie #4 - 1 Guest
Server: Valerie
1/20/2016 11:28:24 AM
Sequence #: 0000001
ID #: 0061182

ITEM	QTY	PRI
Name		:GARNES/CHRISTOPHER A
CC Type		:VISA
CC Num		:xxxx xxxx xxxx 8448
Approval		:025983
Server		:Valerie
Ticket Name		:Valerie #4

Payment Amount: \$128.9

Tip: 26.00
Total: 154.92

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>154.92</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>154.92</u>

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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, 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 marke
 and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Date: 1/25/2016 Time: 11:28:08 AM

CONTACT PERSON Chris Garnes

Status: Approved

TELEPHONE NUMBER (304) 558-2060

Card Type: Visa

FUNCTION SPONSOR Chris Garnes

Card Number: XXXXXXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 01/26/2016

Server Name: Tasha

Check Number: 210921

Tab Number: 100

Number Of Covers: 28

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

Card Owner: garnes/christopher

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>214.53</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____

AMOUNT 177.53

TIP 37.00

TOTAL 214.53

Approval: 047913

TOTAL \$ 214.53

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PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok
 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 VIRGIN

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

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 02/08/2016

TABLE: Take Out #7 - 12 Guests
Server: Heather P
2/8/2016 11:41:19 AM
Sequence #: 0000001
ID #: 0081204

ITEM	QTY	PRICE
Grand Total		\$180.00
Amount Due:		\$180.00

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>216.0</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>216.0</u>

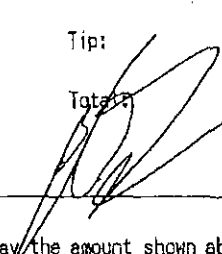
Credit Purchase

Name : GARNES/CHRISTOPHER A
CC Type : VISA
CC Num : xxxx xxxx xxxx 8448
Approval : 032315
Server : Heather P
Ticket Name : Take Out #7

Payment Amount: \$180.00

Tip: 36.00

Total: 216.00



PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

x _____
TSYS
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 must accompany the form):

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

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 02/09/2016

SOHO'S
 800 SMITH ST
 CHARLESTOWN, WV 25301
 02/09/2016 11:21:30
 CREDIT CARD
 VISA SALE
 Card # XXXXXXXXXXXXX08418
 Chip Card: CITI VISA
 AID: A0000000031010
 ATC: 0009
 TC: ZEF7294A37CE767A
 SEQ #: 1
 Batch #: 166
 INVOICE 1
 SERVER 5515
 Approval Code: 038934
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>247.32</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>247.32</u>

PRE-TIP AMT \$247.32
 TIP Inc.
 TOTAL AMOUNT 247.32

PURPOSE/JUSTIFICATION OF FUNCTION:
 Conference

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

CUSTOMER COPY

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 02/10/2016

**south hills market
and café**

SOUTH HILLS

Date: 2/10/2016 Time: 11:58:35 AM

Status: Approved

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>218.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>218.00</u>

Card Type: Visa
 Card Number: XXXXXXXXXXXX8448
 Expiration Date: X/XX/XXXX
 Server Name: Stevie
 Check Number: 211651
 Tab Number: 600
 Number Of Covers: 19
 Persons: 1, 2, 3, 4, 5, 6, 7, 8,
 9, 10, 11, 12, 13, 14
 Card Owner: GARNES/CHRISTOPHER A

AMOUNT 181.00
 TIP 37.00
TOTAL 218.00
 Approval: 093024

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, R. Melvin, J. Charnok
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, A. Angus, H. Dailey,

CUSTOMER COPY

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

Agency Ref. # _____

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Adelphia Sports Bar & Grille
218 Capitol Street
Charleston, WV 25301

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 02/22/2016

Take Out

Total \$123.88

Credit Card Keyed
 Visa xxxxxxxx8448
 Time 11:58 AM

Authorization Approved
 Approval Code 051751
 Check ID 224700500008694
 Payment ID Qr105Xc7L

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>148.88</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>148.88</u>

Amount: \$123.88

Tip: 25.00

= Total 148.88

Customer Copy

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

Thanks for visiting Adelphia Sports Bar & Grille
Please come again

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, J. Charnok
C. Bowman, 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

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 02/23/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>180.90</u>
MEETING ROOM	\$	<u> </u>
EQUIPMENT RENTAL	\$	<u> </u>
LODGING	\$	<u> </u>
OTHER/	\$	<u> </u>
OTHER/	\$	<u> </u>
TOTAL	\$	<u>180.90</u>

PURPOSE/JUSTIFICATION OF FUNCTION:
 Conference

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

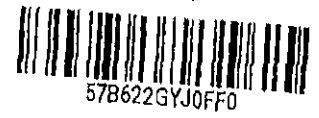
By: _____
 AGENCY HEAD SIGNATURE

PATERNOS AT THE PARK
 601 MORRIS ST
 CHARLESTON, WV 25309
 3042055482
 Cashier: Marla F
 Transaction 102090

Total \$142.80
 CREDIT CARD AUTH VISA 8448 \$142.80
 Tip Inc.
 Total (42.80)

Retain this copy for statement validation

23-Feb-2016 11:45:16A
 \$142.80 | Method: EMV
 VISA CREDIT XXXXXXXXXXXX8448
 Ref #: 605400005133
 Auth #: 054577
 MID: 215226135998
 AID: A0000000031010
 AthNtwkNm: VISA
 SIGNATURE VERIFIED



SOHO'S
 800 SMITH ST
 CHARLESTOWN, WV 25301

02/23/2016 11:26:02
 CREDIT CARD
 VISA SALE

Card # XXXXXXXXXXXX8448
 Chip Card: CITI VISA
 AID: A0000000031010
 ATC: 000A
 TC: 6D164A1195EC94C
 SEQ #: 2
 Batch #: 188
 INVOICE 2
 SERVER 5515
 Approval Code: 080299
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

PRE-TIP AMT \$38.10
 TIP Inc.
 TOTAL AMOUNT 38.10

Agency Ref. # _____

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

**south hills marke
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 02/24/2016

Date: 2/24/2016 Time: 11:55:11 AM

Status: Approved

Card Type: Visa
Card Number: XXXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: Tasha
Check Number: 212261
Tab Number: 600
Number Of Covers: 20
Persons: 1, 2, 3, 4, 5, 6, 7,
9, 10, 11, 12, 13, 14
Card Owner: garnes/christopher c

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>223.48</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>223.48</u>

AMOUNT	185.48
TIP	<u>38.00</u>
TOTAL	<u>223.48</u>

Approval: 063686

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

SOHO'S
800 SMITH ST
CHARLESTOWN, WV 25301

03/02/2016 11:30:

CREDIT CARD

VISA SALE

Card # XXXXXXXXXXXXX084
Chip Card: CITI VI
AID: A00000000310
ATC: 001
TC: B0F7171B81ADC4
SEQ #: _____
Batch #: 21
INVOICE
SERVER 16:
Approval Code: 0134:
Entry Method: Chip Req
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 03/02/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>209.04</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>209.04</u>

PRE-TIP AMT \$174.2
TIP 34.8
TOTAL AMOUNT 209.04

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,
V. Shafer, 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

Adelphia Sports Bar & Grille
218 Capitol Street
Charleston, WV 25301

Take Out

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 03/08/2016

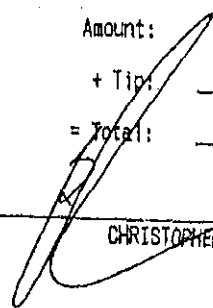
Court
Server: Elisha
Check #1
Tax Exempt
Subtotal
Total \$170.
Credit Card
Visa Swip
Time 11:37

03/07/16 10:30
Cou

Authorization
Approval Code
Check ID
Payment ID
Approv
02061
224700500001998
GrP32eqf

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ 205.80
MEETING ROOM	\$
EQUIPMENT RENTAL	\$
LODGING	\$
OTHER/	\$
OTHER/	\$
TOTAL	\$ 205.80

Amount: \$170.
+ Tip: 35.00
= Total: 205.80



CHRISTOPHER A GARNES

Customer Copy

Thanks for visiting Adelphia Sports Bar & Grille
Please come again

PURPOSE/JUSTIFICATION OF FUNCTION:
Conference

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

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

Date: 3/8/2016 Time: 11:31:40 AM

FUNCTION SPONSOR Chris Garnes

Status: Approved

LOCATION OF FUNCTION Justices' Chambers

Card Type: Visa
 Card Number: XXXXXXXXXXXX8448
 Expiration Date: X/XX/XXXX
 Server Name: Tasha
 Check Number: 212785
 Tab Number: 100
 Number Of Covers: 21
 Persons: 1, 2, 3, 4, 5, 6, 7, 9, 10
 Card Owner: garnes/christopher a

DATE(S) OF FUNCTION 01/13/2016

03/08/16

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>171.75</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>171.75</u>

AMOUNT	<u>141.75</u>
TIP	<u>30.00</u>
TOTAL	<u>171.75</u>

Approval: 042563

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. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok
 V. Shafer, C. Garnes, J. Gundy, 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

SOHO'S
800 SMITH ST
CHARLESTOWN, WV 25301

03/09/2016 11:55:32

CREDIT CARD
VISA SALE

Card # XXXXXXXXXXXX8448
Chip Card: CITI VISA
AID: A000000031010
ATC: 0010
TC: 3898E5763F5B6D09
SEQ #: 1
Batch #: 211
INVOICE 1
SERVER 1638
Approval Code: 059477
Entry Method: Chip Read
Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 03/09/2016

PRE-TIP AMT \$185.24

TIP 27.00

TOTAL AMOUNT 212.28

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 222.28
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 222.28

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,

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

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa
Card Number: XXXXXXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 03/16/2016

Server Name: Tasha

Check Number: 213079

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>194.93</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____

TOTAL \$ 194.93

AMOUNT	161.93
TIP	<u>33.00</u>

TOTAL 194.93

Approval: 012867

PURPOSE/JUSTIFICATION OF FUNCTION:

CUSTOMER COPY

Conference

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

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

SOHO'S
800 SMITH ST
CHARLESTOWN, WV 25301

03/23/2016

11:35:27

CREDIT CARD
VISA SALE

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

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 03/23/2016

PRE-TIP AMT \$182.65
TIP 365
TOTAL AMOUNT 219.18

ESTIMATED EXPENSES

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

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:
Conference

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

BLOSSOM DAIRY
904 QUARRIER ST
CHARLESTON, WV 25301
ph (304) 345-9999

We hope you have a BLOSSOM day!!!!
Tickets on sale for MYSTERY
DINNER
THEATER last Thur. of
the
month

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 04/04/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>116.33</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>116.33</u>

TABLE: Jb - 10 Guests
Server: Tiffany R
4/4/2016 11:41:05 AM
Sequence #: 0000001
ID #: 0065258

ITEM	QTY	PRIC
Grand Total		\$96.33
This Payment		\$96.33
Tip:		\$20.00
Total Charged:		\$116.33
Paid by		post

Credit Purchase
CC Type :VISA
CC Num :xxxx xxxx xxxx 8448
Approval :023859
TSYS

Thank you for visiting! Come back soon!!!
Ask server for details on MYSTERY
DINNER
THEATER!!!

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,
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

**south hills market
 and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

Date: 4/5/2016 Time: 11:35:18 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa
 Card Number: XXXXXXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 04/05/2016

Server Name: Stevie

Check Number: 213923

Tab Number: 11

Number Of Covers: 25

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>206.95</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>206.95</u>

AMOUNT	171.95
TIP	<u>35.00</u>
TOTAL	<u>206.95</u>
Approval: 003923	

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, B. Kayuha, 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

SOHO'S
 800 SMITH ST
 CHARLESTOWN, WV 25301
 04/06/2016 11:41:13
 CREDIT CARD
 VISA SALE

Card # XXXXXXXXXXXXXXX8448
 Chip Card: CITI VISA
 AID: A0000000031010
 ATC: 0018
 TC: A90BF94B85881585
 SEQ #: 1
 Batch #: 256
 INVOICE: 1
 SERVER: 1638
 Approval Code: 054064
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals
 CONTACT PERSON Chris Garnes
 TELEPHONE NUMBER (304) 558-2060
 FUNCTION SPONSOR Chris Garnes
 LOCATION OF FUNCTION Justices' Chambers
 DATE(S) OF FUNCTION 04/06/2016

PRE-TIP AMT \$200.80
 TIP 40.00
 TOTAL AMOUNT 240.80

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ 240.80
MEETING ROOM	\$
EQUIPMENT RENTAL	\$
LODGING	\$
OTHER/	\$
OTHER/	\$
TOTAL	\$ 240.80

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:
 Conference

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

SOHO'S
 800 SMITH ST
 CHARLESTOWN, WV 25301

04/11/2016 11:43:22

CREDIT CARD
 VISA SALE

Card # XXXXXXXXXXXXXXX8448
 Chip Card: CITI VISA
 AID: A000000031010
 ATC: 0019
 TC: 5205B65AB8D7DC29
 SEQ #: 1
 Batch #: 263
 INVOICE 1
 SERVER 5515
 Approval Code: 034094
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

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

PRE-TIP AMT \$54.24

TIP Inc
 TOTAL AMOUNT 54.24

ESTIMATED EXPENSES

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

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:
 Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):
 M. Ketchum, R. Perry, D. O'Hanlon

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

 DATE

By: _____
 AGENCY HEAD SIGNATURE

 DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SOHO'S
800 SMITH ST
CHARLESTOWN, WV 25301

04/13/2016 11:31:08

CREDIT CARD
VISA SALE

Card # XXXXXXXXXXXXXXX448
Chip Card: CITI VISA
AID: A0000000031010
ATC: 001A
TC: 3AB317FF33F05140
SEQ #: 1
Batch #: 139
INVOICE 1
SERVER 3245
Approval Code: 070346
Entry Method: Chip Reak
Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals
CONTACT PERSON Chris Garnes
TELEPHONE NUMBER (304) 558-2060
FUNCTION SPONSOR Chris Garnes
LOCATION OF FUNCTION Justices' Chambers
DATE(S) OF FUNCTION 04/13/2016

PRE-TIP AMT \$256.92
TIP Inc.
TOTAL AMOUNT 256.92

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 256.92
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 256.92

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, H. Dalley,

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

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

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 04/18/2016

5851178
 ELLENS HOMEWARE ICE CR
 226 CAPITOL ST
 CHARLESTON, WV 25301-2205
 304-343-6488

Term ID: 002 Ref #: 006

Sale

XXXXXXXXXXXX8449

VISA Entry Method: Swiped

04/18/16 11:33:53

Inv #: 000005 Appr Code: 012632

Apprvd: OnLine Batch#: 000523

Total: \$ 27.61

Customer Copy
THANK YOU!

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>27.61</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>27.61</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):
 M. Workman, J. Stover

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

STATE OF WEST VIRGIN

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Take Out

Justice

Total \$131.10
Total \$131.10

Credit Card Swiped
Visa xxxxxxxx8448
Time 11:36 AM

Authorization Approved
Approval Code 055162
Check ID 2247005000053507
Payment ID n99sMpCti

Amount: \$131.10

+ Tip: 27.00

Total: 158.10

X 
CHRISTOPHER A GARNES

Customer Copy

Thanks for visiting Adelphia Sports Bar & Grille
Please come again

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 04/18/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 158.1
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____

TOTAL \$ 158.1

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

**south hills marke
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

FUNCTION SPONSOR Chris Garnes

LOCATION OF FUNCTION Justices' Chambers

DATE(S) OF FUNCTION 04/19/2016

Date: 4/19/2016 Time: 11:43:44 AM

Status: Approved

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: Stevie
Check Number: 214505
Tab Number: 600
Number Of Covers: 17
Persons: 1, 2, 3, 4, 5, 6, 7,
9, 10, 11, 12, 13
Card Owner: garnes/christopher a

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>218.95</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>218.95</u>

AMOUNT	181.95
TIP	<u>37.00</u>
TOTAL	<u>218.95</u>
Approval: 092228	

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, 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: amanda m
TABLE: 673
TICKET #: 294081 04/20/2016 10:23
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 04/20/2016

SUB TOTAL: 90.75
TOTAL: 90.75
CARD PAID: 90.75
GRATUITY: 20.00
TOTAL: 110.75

CARD #: XXXXXXXXXXXX8448
CHRISTOPHER A GARNES
042676

ESTIMATED EXPENSES

FOOD AND BEVERAGE \$ 154.95
MEETING ROOM \$ _____
EQUIPMENT RENTAL \$ _____
LODGING \$ _____
OTHER/ \$ _____
OTHER/ \$ _____
TOTAL \$ 154.95

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

SERVER: amanda m
TABLE: 31
TICKET #: 294088 04/20/2016 11:58
GUESTS: 1

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

SUB TOTAL: 37.20
TOTAL: 37.20
CARD PAID: 37.20
GRATUITY: 7.00
TOTAL: 44.20

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

M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melh
V. Shafer, J. Stevenson, C. Garnes, J. Gundy, H. Dailey,

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

CARD #: XXXXXXXXXXXX8448
CHRISTOPHER A GARNES
074530

By: _____
AGENCY HEAD SIGNATURE

DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

BRIDGE ROAD BISTRO

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 04/27/2016

Date: 4/27/2016 Time: 11:36:07 AM
 Status: Approved
 Card Type: Visa
 Card Number: XXXXXXXXXXXX8448
 Expiration Date: X/XX/XXXX
 Server Name: Lorra
 Check Number: 240040
 Tab Number: 200
 Number Of Covers: 1
 Persons: 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14
 Card Owner: garnes/christopher a

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>255.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>255.00</u>

AMOUNT	211.98
Gratuity	43.02
Total	255.00

Approval: 017814

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, C. Garnes, J. Gundy, B. Kayuha, H. Dailey, J. Alsop

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

 DATE

By: _____
 AGENCY HEAD SIGNATURE

 DATE

BRIDGE ROAD BISTRO

Date: 4/28/2016 Time: 12:08:04 PM

Status: Approved/Refund

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: CATERING
Check Number: 240104
Tab Number:
Number Of Covers: 1
Persons: 1
Card Owner: Manual Ent

AMOUNT -39.31

TIP _____

TOTAL _____

Approval:

CUSTOMER COPY

BRIDGE ROAD BISTRO

Check #: 240104 Date: 4/28/2016

Server: 100 - CATERING

CHECK SUB-TOTAL

-39.31

Sales Tax

0.00

TOTAL

-39.31

Visa

-39.31

Total Amount Paid

0.00

Amount due

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

SOHO'S
 800 SMITH ST
 CHARLESTOWN, WV 25301

05/16/2016 11:39:17

CREDIT CARD
 VISA SALE

Card # XXXXXXXXXXXXX9448
 Chip Card: CITI VISA
 AID: A0000000031010
 ATC: 001F
 TC: E7AFBA0F0DD96B9F
 SEQ #: 1
 Batch #: 318
 INVOICE 1
 SERVER 5515
 Approval Code: 067076
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals
 CONTACT PERSON Chris Garnes
 TELEPHONE NUMBER (304) 558-2060
 FUNCTION SPONSOR Chris Garnes
 LOCATION OF FUNCTION Justices' Chambers
 DATE(S) OF FUNCTION 05/16/2016

PRE-TIP AMT \$163.38

TIP Inc

TOTAL AMOUNT 163.38

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 163.38
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 163.38

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, B. Benjamin, J. Stover, R. Melvin, J. Charnok
 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

**south hills market
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

Date: 5/17/2016 Time: 11:37:56 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: Madeline

Check Number: 215891

DATE(S) OF FUNCTION 05/17/2016

Tab Number: 100

Number Of Covers: 24

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>242.45</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>242.45</u>

AMOUNT 201.45

TIP 41.00

TOTAL

242.45

Approval: 011248

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, 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

PATERNOS AT THE PARK

601 MORRIS ST
CHARLESTON, WV 25309
3042055482

Cashier: Mindy F

Transaction 104364

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 05/18/2016

Total \$170.40
CREDIT CARD AUTH \$170.40
VISA 8448
Tip Inc.
Total 170.40

Retain this copy for statement validation

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>170.40</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>170.40</u>

18-May-2016 11:44:25A
\$170.40 | Method: EMV
VISA CREDIT XXXXXXXXXXXX8448
CHRISTOPHER A GARNES
Ref #: 613900010612
Auth #: 045790
MID: 215226135998
AID: A0000000031010
AthNtwkNm: VISA
SIGNATURE VERIFIED



S0190NVXVWV1M

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

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 06/02/2016

**south hills mark
and café**

SOUTH HILLS

Date: 6/2/2016 Time: 11:37:09 AM

Status: Approved

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>187.95</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>187.95</u>

Card Type: Visa
 Card Number: XXXXXXXXXXXX8448
 Expiration Date: X/XX/XXXX
 Server Name: Madeline
 Check Number: 216340
 Tab Number: 100
 Number Of Covers: 22
 Persons: 21
 Card Owner: garnes/christopher

AMOUNT 155.95

TIP 32.00

TOTAL 187.95

Approval: 021923

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

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 06/13/2016

SOHO'S
800 SMITH ST
CHARLESTOWN, WV 25301
06/13/2016 11:27:57
CREDIT CARD
VISA SALE
 Card # XXXXXXXXXXXXXXX8448
 Chip Card: CITI VISA
 AID: A000000031010
 ATC: 0024
 TC: FC8809E37BAB3BF3
 SEQ #: 1
 Batch #: 361
 INVOICE 1
 SERVER 3363
 Approval Code: 049459
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>195.96</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>195.96</u>

PRE-TIP AMT \$195.96
 TIP Inc.
 TOTAL AMOUNT 195.96

PURPOSE/JUSTIFICATION OF FUNCTION:

CUSTOMER COPY

Conference

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

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

**south hills marke
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

Date: 6/14/2016 Time: 11:24:46 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX

LOCATION OF FUNCTION Justices' Chambers

Server Name: Tasha
Check Number: 216755

DATE(S) OF FUNCTION 06/14/2016

Tab Number: 600
Number Of Covers: 20
Persons: 1, 2, 3, 4, 5, 6, 7,
8, 10, 11, 12
Card Owner: garnes/christopher a

ESTIMATED EXPENSES

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

AMOUNT	150.15
TIP	<u>30.85</u>
TOTAL	<u>181.00</u>
	Approval: 074980

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

CUSTOMER COPY

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

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

**south hills market
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

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

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa
Card Number: XXXXXXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 08/30/2016

Server Name: Tasha

Check Number: 219521

Tab Number: 100

Number Of Covers: 28

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

Card Owner: garnes/christopher a

ESTIMATED EXPENSES

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

AMOUNT	169.33
TIP	<u>34.00</u>
TOTAL	<u>203.33</u>
	Approval: 070060

PURPOSE/JUSTIFICATION OF FUNCTION:

CUSTOMER COPY

Conference

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

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

V. Shafer, J. Stevenson, C. Garnes, J. Gundy, B. Kayuha

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

Adelphia Sports Bar & Grille
 218 Capitol Street
 Charleston, WV 25301

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 09/06/2016

Take Out

Justice 384-578-7645

Server: Kim 09/06/16
 Check #1 10:48 AM
 Tax Exempt

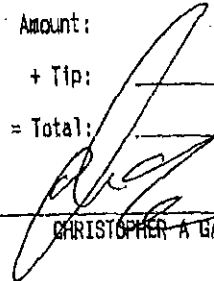
Subtotal \$115.53
 Total \$115.53

Credit Card Swiped
 Visa xxxxxxxx8448
 Time 11:39 AM

Authorization Approved
 Approval Code 046901
 Check ID 2247005000169560
 Payment ID 863xw1jt7

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ 139.00
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ 139.00

Amount: \$115.53
 + Tip: 23.47
 = Total: 139.00

X 
 CHRISTOPHER A. GARNES

Customer Copy

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

Thanks for visiting Adelphia Sports Bar & Grille
 Please come again

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, J. Stover, R. Melvin, J. Charnok
 V. Shafer, J. Stevenson, C. Garnes, J. Gundy

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

 DATE

By: _____
 AGENCY HEAD SIGNATURE

 DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SOHO'S
800 SMITH ST
CHARLESTON, WV 25301

09/07/2016

11:25:02

CREDIT CARD
VISA SALE

Card #: XXXXXXXXXXXX6448
Chip Card: CITI VISA
AID: A0000000031010
ATC: 002E
TC: 6E13640800970863
SEQ #: 1
Batch #: 495
INVOICE: 1
SERVER: 5515
Approval Code: 040947
Entry Method: Chip Reac
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 09/07/2016

PRE-TIP AMT \$204.54

TIP Tax

TOTAL AMOUNT 204.54

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>204.54</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____

TOTAL \$ 204.54

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

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 09/13/2016

Date: 10/5/2018 Time: 11:20:19 AM
 Status: Approved
 Card Type: Visa
 Card Number: XXXXXXXXXXXX8448
 Expiration Date: X/XX/XXXX
 Server Name: Anne
 Check Number: 220683
 Tab Number: 400
 Number Of Covers: 1
 Persons: 1
 Card Owner: garnes/christopher

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>120.70*</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>120.70*</u>

AMOUNT	120.70
TIP	<u>Inc.</u>
TOTAL	<u>120.70</u>
	Approval: 042652

PURPOSE/JUSTIFICATION OF FUNCTION:
 Conference

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):
 M. Ketchum, A. Loughry, R. Melvin, V. Shafer, C. Garnes, J. Gundy, H. Dailey

CUSTOMER COPY

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

PATERNOS AT THE PARK

601 MORRIS ST
CHARLESTON, WV 25309
3042055482

Cashier: Mindy F

Transaction 107349

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 09/14/2016

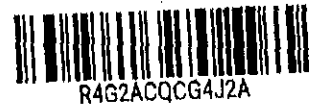
Total	\$120.00
CREDIT CARD AUTH	\$120.00
VISA 8448	
Tip	<u>Inc.</u>
Total	<u>120.00</u>

Retain this copy for statement validation

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>120.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>120.00</u>

14-Sep-2016 11:37:47A
 \$120.00 | Method: EMV
 VISA CREDIT XXXXXXXXXXXX8448
 CHRISTOPHER A GARNES
 Ref #: 625800017897
 Auth #: 065740
 MID: 215226135998
 AID: A0000000031010
 AthNtwkNm: VISA
 SIGNATURE VERIFIED



PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

M. Ketchum, A. Loughry, J. Stover, R. Melvin, V. Shafer, C. Garnes, J. Gundy, H. Dalley

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

**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 09/15/2016

Date: 9/15/2016 Time: 11:35:53 AM

Status: Approved

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: Tasha
Check Number: 220010
Tab Number: 100
Number Of Covers: 18
Persons: 1, 2, 3, 4, 5, 6, 7,
Card Owner: garnes/christopher a

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>130.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>130.00</u>

AMOUNT	107.42
TIP	<u>22.58</u>
TOTAL	<u>130.00</u>
	Approval: 048489

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

The Block Restaurant & Wine Cellar
201 Capital Street
Charleston, WV 25301
ph (881) 265-9074

STATE OF WEST VIRGIN
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 09/21/2016

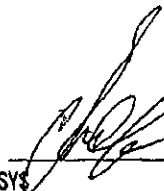
ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>220.0</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>220.0</u>

TABLE: wv courts - 1 Guest
Server: Jimmy Watters
9/21/2016 11:29:46 AM
Sequence #: 0000001
ID #: 0101842
Grand Total ~~\$183.00~~

Credit Purchase
Name : GARNES/CHRISTOPHER A
CC Type : VISA
CC Num : xxxx xxxx xxxx 8448
Approval : 077358
Server : Jimmy Watters
Ticket Name : wv courts

Payment Amount: \$183.00
Tip: 37.00
Total: 220.00


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

Thank you for visiting!

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

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

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

SERVER: amanda #
TABLE: 762
TICKET #: 307944 10/03/2016 10:35
GUESTS: 1

CONTACT PERSON Chris Garnes

TELEPHONE NUMBER (304) 558-2060

SUB TOTAL: 94.95

FUNCTION SPONSOR Chris Garnes

TOTAL: 94.95

LOCATION OF FUNCTION Justices' Chambers

CARD PAID: 94.95

DATE(S) OF FUNCTION 10/03/2016

GRATUITY: 20.05

TOTAL: 115.00

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>115.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>115.00</u>

CARD #: XXXXXXXXXXXX844
CHRISTOPHER A GARNES
014547

Thanks for supporting our small business!
www.bluegrasskitchen.com

Comments? Suggestions?
email contact@bluegrasswv.com

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

** Customer Copy **

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

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

Adelphia Sports Bar & Grille
 218 Capitol Street
 Charleston, WV 25301

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

Take Out

 Supreme Court

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 10/04/2016

Server: Tracy
 Check #1
 Tax Exempt

10/04/16 11:10 AM
 Supreme Court

Subtotal \$129.5
 Total \$129.5

Credit Card Keye
 Visa xxxxxxxx844
 Time 11:32 A

Authorization Approve
 Approval Code 01581
 Check ID 224700500019218
 Payment ID V03X766Z

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>156.00</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>156.00</u>

Amount: \$129.5
 + Tip: 26.5
 = Total: 156.00

X _____

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):

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

 DATE

By: _____
 AGENCY HEAD SIGNATURE

 DATE

Agency Ref. # _____

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SOHO'S
800 SMITH ST
CHARLESTON, WV 25301
10/05/2016 11:42:34
CREDIT CARD
VISA SALE

Card # XXXXXXXXXXXXXXX0448
Chip Card: CITI VISA
AID: A0000000031010
ATC: 0032
TC: 1E8E7F458EF28E48
SEQ #: 1
Batch #: 539
INVOICE 2
SERVER 5515
Approval Code: 012899
Entry Method: Chip Read
Mode: Issuer - PIN Bypassed

SPENDING UNIT NAME/ORG # Supreme Court of Appeals
CONTACT PERSON Chris Garnes
TELEPHONE NUMBER (304) 558-2060
FUNCTION SPONSOR Chris Garnes
LOCATION OF FUNCTION Justices' Chambers
DATE(S) OF FUNCTION 10/05/2016

ESTIMATED EXPENSES	
FOOD AND BEVERAGE	\$ <u>237.18</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>237.18</u>

PRE-TIP AMT \$237.18
TIP \$0.00
TOTAL AMOUNT \$237.18

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

M. Workman, M. Ketchum, A. Loughry, B. Benjamin, J. Stover, R. Melvin, J. Charnok
V. Shafer, C. Garnes, J. Gundy, B. Kayuha, 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 09/13/2016

10/03/2016 per receipt

Date: 10/5/2016 Time: 11:20:19 AM

Status: Approved

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: Ajme
Check Number: 220683
Tab Number: 400
Number Of Covers: 1
Persons: 1
Card Owner: garnes/christopher

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>120.70*</u>
MEETING ROOM	\$	<u> </u>
EQUIPMENT RENTAL	\$	<u> </u>
LODGING	\$	<u> </u>
OTHER/	\$	<u> </u>
OTHER/	\$	<u> </u>
TOTAL	\$	<u>120.70*</u>

AMOUNT	<u>120.70</u>
TIP	<u>Inc.</u>
TOTAL	<u>120.70</u>
Approval:	<u>042852</u>

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

CUSTOMER COPY

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

M. Ketchum, A. Loughry, R. Melvin, V. Shafer, C. Garnes, J. Gundy, H. Dalley

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

**south hills market
and café**

SOUTH HILLS

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

CONTACT PERSON Chris Garnes

Date: 10/5/2016

Time: 11:19:33 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved/Refund

FUNCTION SPONSOR Chris Garnes

Card Type: Visa

Card Number: XXXXXXXXXXXX8448

Expiration Date: X/XX/XXXX

LOCATION OF FUNCTION Justices' Chambers

Server Name: Anne

Check Number: 220682

DATE(S) OF FUNCTION 09/13/2016

Tab Number: 400

Number Of Covers: 1

Persons: 1

Card Owner: garnes/christopher a

10/5/2016 per receipt

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>26.11*</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>26.11*</u>

AMOUNT -26.11

TIP _____

TOTAL _____

Approval: *

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

M. Ketchum, A. Loughry, R. Melvin, V. Shafer, C. Garnes, J. Gundy, H. Dalley

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

Paterno's at the Park
Order #: 85-17871
B1
1 Guest
Server: Nancy
Cashier: Nancy
Register: Expo (receipt4)
2016-10-11 11:15:57

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 10/11/2016

Subtotal: 12
Tax Exempt ():
Gratuity (20%): 2
Total: 14

Amount Due: 14

Paterno's at the Park
601 Morris Street
Charleston, WV 25301
USA
304-235-5482
paternos@suddenlink.net
paternos-restaurants-wv.com Facebook & Twitter
Manager: Niki K.

Thank you!
Send receipt by email?

Powered by **LAVU**

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>147.60</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>147.60</u>

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

PATERNOS AT THE PARK

601 MORRIS ST
CHARLESTON, WV 25301
CHRISTOPHER A GARNES

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

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

I agree to pay the amount
over the card.
Merchant au: _____

Tip	Amount	Total
20%	\$29.52	\$177.12
30%	\$44.28	\$191.88

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

By: _____
AGENCY HEAD SIGNATURE

11-Oct-2016 11:46:52A
\$147.60 | Method: EMV
VISA CREDIT XXXXXXXXXXXX8448
CHRISTOPHER A GARNES
Ref #: 628501504611
Auth # 023434
MID: *****5998
AID: A0000010031010



SEPXNYZCWP1ST
Merchant Copy

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

Date: 10/12/2016 Time: 11:31:01 AM

LOCATION OF FUNCTION Justices' Chambers

Status: Approved

DATE(S) OF FUNCTION 10/12/2016

Card Type: Visa
Card Number: XXXXXXXXXXXX8448
Expiration Date: X/XX/XXXX
Server Name: Tasha
Check Number: 220945
Tab Number: 100
Number Of Covers: 20
Persons: 1, 2, 3, 4, 5, 6, 7, 9, 10
Card Owner: garnes/christopher

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>158.05</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>158.05</u>

AMOUNT 131.05
TIP 27.00

TOTAL 158.05
Approval: 041322

CUSTOMER COPY

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

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

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 - 11 Guests
 Server: Heather P
 10/25/2016 11:49:35 AM
 Sequence #: 0000001
 ID #: 0104708

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 10/25/2016

ITEM	QTY	PR
Subtotal		\$185
Grand Total		\$185
Credit Purchase		
Name	:GARNES/CHRISTOPHER A	
CC Type	:VISA	
CC Num	:xxxx xxxx xxxx 8448	
Approval	:092E21	
Server	:Heather P	
Ticket Name	:Supreme Court	

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>223.98</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>223.98</u>

Payment Amount: \$185
 Tip: 38.00
 Total: 223.9

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

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, J. Stevenson, C. Garnes, J. Gundy, H. Dalley, B. Kayuha

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

 DATE

By: _____
 AGENCY HEAD SIGNATURE

 DATE

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

**south hills market
and café**

SPENDING UNIT NAME/ORG # Supreme Court of Appeals

SOUTH HILLS

CONTACT PERSON Chris Garnes

Date: 11/1/2016 Time: 11:30:29 AM

TELEPHONE NUMBER (304) 558-2060

Status: Approved

FUNCTION SPONSOR Chris Garnes

Card Type: Visa
Card Number: XXXI XXXXXXXX8448

LOCATION OF FUNCTION Justices' Chambers

Expiration Date: X/XX/XXXX

DATE(S) OF FUNCTION 11/01/2016

Server Name: Tasha

Check Number: 221694

Tab Number: 100

Number Of Covers: 17

Persons: 1, 2, 3, 4, 5, 6, 7, 8
Card Owner: garnes/christopher a

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>141.33</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>141.33</u>

AMOUNT	<u>116.33</u>
TIP	<u>25.00</u>
TOTAL	<u>141.33</u>
	Approval: 089976

PURPOSE/JUSTIFICATION OF FUNCTION:

CUSTOMER COPY

Conference

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

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

C. Garnes, J. Gundy, 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

Tricky Fish
1611 Washington St East
Charleston, WV
(304) - 344 - FISH

SERVER: dylan c
TABLE: 825
TICKET #: 243782 11/09/2016 11:47
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 11/09/2016

Shrimp Taco (2)	9.25
Fried Soft	
Fish Stew	7.00
MISC FOOD ITEM	7.00
SUB TOTAL:	23.25
TOTAL:	23.25
GRATUITY:	5.00
CARD PAID:	28.25

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ <u>28.25</u>
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ <u>28.25</u>

CARD #: XXXXXXXXXXXX8448
CHRISTOPHER A GARNES
005233

Suggested Gratuity
20% = 4.65
18% = 4.19
15% = 3.49

www.trickyfish.net
Thanks for supporting small business!
Questions? Comments? contact@trickyfish.net

PURPOSE/JUSTIFICATION OF FUNCTION:

Conference

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

M. Workman

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: amanda m
 TABLE: 701
 TICKET #: 311388 11/14/2016 11:38
 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 11/14/2016

SUB TOTAL:	95.45
TOTAL:	95.45
CARD PAID:	95.45
GRATUITY:	20.55
TOTAL:	116.00

CARD #: XXXXXXXXXXXX8448
 CHRISTOPHER A GARNES
 078709

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ 127.00
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____

TOTAL \$ 127.00

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

SERVER: amanda m
 TABLE: 703
 TICKET #: B11400 11/14/2016 12:43
 GUESTS: 1

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, J. Stover, R. Mel
 V. Shafer, C. Garnes, J. Gundy,

SUB TOTAL:	8.75
TOTAL:	8.75
CARD PAID:	8.75
GRATUITY:	2.25
TOTAL:	11.00

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
 FUNCTION REPRESENTATIVE'S SIGNATURE

By: _____
 AGENCY HEAD SIGNATURE

CARD #: XXXXXXXXXXXX8448
 CHRISTOPHER A GARNES
 013810

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 11/15/2016

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	<u>151.20</u>
MEETING ROOM	\$	_____
EQUIPMENT RENTAL	\$	_____
LODGING	\$	_____
OTHER/	\$	_____
OTHER/	\$	_____
TOTAL	\$	<u>151.20</u>

PURPOSE/JUSTIFICATION OF FUNCTION:
 Conference

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

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

By: _____
AGENCY HEAD SIGNATURE

SCHO'S
 800 SMITH ST
 CHARLESTON, WV 25301
 11/15/2016 11:47:32

CREDIT CARD
VISA SALE

Card # XXXXXXXXXXXXXXX8448
 Chip Card: CITI VISA
 AID: A0000000031010
 ATC: 0039
 TC: 921B4F12538454E0
 SEQ #: 2
 Batch #: 607
 INVOICE SERVER 2
 SERVER 5515
 Approval Code: 020290
 Entry Method: Chip Read
 Mode: Issuer - PIN Bypassed

PRE-TIP AMT \$151.20
 TIP INC
 TOTAL AMOUNT 151.20

CUSTOMER COPY