

**STATE OF WEST VIRGINIA
SUPREME COURT OF APPEALS
SENIOR STATUS OCR'S PER DIEM**

SENIOR STATUS OCR: _____

VENDOR NUMBER: _____

INVOICE NUMBER: _____

HOME ADDRESS

Date MM/DD/YYYY	From City	To City	Day Length	Per Diem
(Page 1 and Page 2, if applicable) Overall Grand Totals:				

Note: **CHECK HERE IF CONTINUATION SHEET IS ATTACHED**

I, the undersigned, do certify that the above account of allowances due is accurate and true, and is claimed for the services reported in this statement.

Date _____

Signature of Circuit Judge _____

Printed Name _____

Date _____

Signature of Senior Status OCR _____

Printed Name _____

APPROVED

Date _____

Signature of Administrative Director or Designee _____

Printed Name _____

SENIOR STATUS OCR:

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