

**STATE OF WEST VIRGINIA
SUPREME COURT OF APPEALS
SENIOR STATUS ERO PER DIEM**

SENIOR STATUS ERO: _____

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 ERO

Printed Name

APPROVED

Date

Signature of Administrative Director or Designee

Printed Name

SENIOR STATUS ERO:

[illegible]