STATE OF WEST VIRGINIA
SUPREME COURT OF APPEALS

ALLOWANCES TO SENIOR STATUS MAGISTRATE

To: _____, Senior Status Magistrate Address: _____

_____

Allowances for Senior Status services and expenses as recorded below, as provided by law and Supreme Court rule:

DATE	FROM TO	MILE-AGE	AMOUNT	* MEALS	** HOTEL	*** OTHER	TOTAL EXPENSES	PER DIEM

*** Daily meal allowance is permitted only when overnight stay is required.**

**** Original receipts must be attached.**

***** Must be specified and original receipts must be attached.**

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

_____ _____
Date **Signature of Senior Status Magistrate**

APPROVED

_____ _____
Date **Signature of Administrative Director**