

Fiscal Year **2018-2019**

MLA EXPENSE CLAIM TRAVEL ALLOWANCE

M.L.A. NAME			leen Clarke			DATE PREPARED				May 2, 2018		
FOR THE CONSTITUENCY OF Agassiz					_				MAY	0 9 201	8	
Date Of Travel (M/D)	STARTING POINT	DESTINATION	PRIVATE VEHICLE KMS	Purpose: Constituency or Legislative Business	MEALS			City or Town Each Meal Consumed	Accommodations	Incidentals	OTHER EXPENSES	
					Breakfast	Lunch	Dinner	Cii Each M	Acco	Ē	Amount	Description
	See Attached	Travel Log	1,524	С								
	Pay Direct To:	Eileen Clarke										
	9											
				8			16					
					35.T							
							-					
Total Kms:1,524 x\$0.45 (Mileage rate) \$685.80												TOTAL: 701.04 -\$685.80