



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE



LEGISLATIVE  
ASSEMBLY

M.L.A. NAME Dr Alan Lagimodiere DATE PREPARED December 12, 2016

FOR THE CONSTITUENCY OF Selkirk

DEC 20 2016

### Authorized Commuting Expenses

	Week of <u>30/5/2016</u>		Week of <u>6/6/2016</u>		Week of <u>13/6/2016</u>		Week of <u>20/6/2016</u>		Week of <u>27/6/2016</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	30/5/2016	1.00	6/6/2016	1.00	13/6/2016	1.00	20/6/2016	1.00	27/6/2016	1.00
T	31/5/2016	1.00	7/6/2016	1.00	14/6/2016	1.00	21/6/2016	1.00	28/6/2016	1.00
W	1/6	1.00	8/6	1.00	15/6	1.00	22/6	1.00	29/6	1.00
T	2/6	1.00	9/6	1.00	16/6	1.00	23/6	1.00	30/6	1.00
F	3/6	1.00	10/6	1.00	17/6	1.00	24/6	1.00		
S										
S										
	<b>Total Trips</b>	<b>5.00</b>	<b>Total Trips</b>	<b>5.00</b>	<b>Total Trips</b>	<b>5.00</b>	<b>Total Trips</b>	<b>5.00</b>	<b>Total Trips</b>	<b>4.00</b>

OFFICE USE ONLY Total Trips <u>20</u> <del>24.00</del> x \$ <u>27.90</u> <u>4 x 27.90</u> <b>TOTAL COMMUTING EXPENSES</b>	<u>558.00</u> <b>\$ 111.60</b>
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### Authorized Contingency Stay Expenses

Date (M/D)	MEALS <small>(MAXIMUM OF TWO MEALS PER STAY)</small>			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business

Constituency business

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <u>669.60</u>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <u>669.60</u>



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M.L.A. NAME Dr Alan Lagimodiere DATE PREPARED December 12, 2016

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### Authorized Commuting Expenses

	Week of <u>4/7/2016</u>		Week of <u>11/7/2016</u>		Week of <u>18/7/2016</u>		Week of <u>25/7/2016</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	4/7/2016	1.00								
T	5/7/2016	1.00	12/7/2016	1.00			26/7/2016	1.00		
W			13/7/2016	1.00			27/7/2016	1.00		
T										
F										
S										
S										
	<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>		<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>	

OFFICE USE ONLY

Total Trips 6.00 x \$ 27.90

**TOTAL COMMUTING EXPENSES**

\$ 167.40

### Authorized Contingency Stay Expenses

Date (M/D)	MEALS <small>(MAXIMUM OF TWO MEALS PER STAY)</small>			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business   
Constituency business

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <u>167.40</u>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <u>167.40</u>



# MLA EXPENSE CLAIM

LEGISLATIVE ASSEMBLY

## COMMUTER ALLOWANCE

M.L.A. NAME Dr Alan Lagimodiere DATE PREPARED December 12, 2016

FOR THE CONSTITUENCY OF Selkirk

DEC 20 2016

### Authorized Commuting Expenses

	Week of <u>31/7/16-6/8/16</u>		Week of <u>7/8/16</u>		Week of <u>14/8/16</u>		Week of <u>21/8/16</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	1/8/2016	1.00								
T			9/8/2016	1.00	16/8/2016	1.00	23/8/2016	1.00		
W	3/8/2016	1.00			17/8/2016	1.00	24/8/2016	1.00		
T			11/8/2016	1.00						
F										
S										
S										
	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	

#### OFFICE USE ONLY

Total Trips 8.00 x \$ 27.90

TOTAL COMMUTING EXPENSES

\$ 223.20

### Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business   
Constituency business

Total Contingency Stay Expenses	\$
Total Commuting Expenses	\$ <u>223.20</u>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <u>223.20</u>



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

LEGISLATIVE  
ASSEMBLY

M.L.A. NAME Dr Alan Lagimodiere DATE PREPARED December 12, 2016

FOR THE CONSTITUENCY OF Selkirk DEC 20 2016

### Authorized Commuting Expenses

	Week of <u>aug 29-sept 4</u>		Week of <u>sept 5-9</u>		Week of <u>sept 12-16</u>		Week of <u>sept 19-23</u>		Week of <u>sept 26-30</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	29/9/2016	1.00	5/9/2016	1.00						
T	30/30/2016	1.00	6/9/2016	1.00			20/9/2016	1.00	27/9/2016	1.00
W					14/9/2016	1.00	21/9/2016	1.00	28/9/2016	1.00
T					15/9/2016	1.00				
F										
S										
S										
	<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>	<b>2.00</b>	<b>Total Trips</b>	<b>2.00</b>

OFFICE USE ONLY
Total Trips <u>8</u> x \$ <u>27.90</u>
TOTAL COMMUTING EXPENSES <span style="float: right;">\$ 223.20</span>
<u>2</u> x <u>27.90</u> <span style="float: right;">\$ 55.80</span>

### Authorized Contingency Stay Expenses

Date (M/D)	MEALS <small>(MAXIMUM OF TWO MEALS PER STAY)</small>			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business

Constituency business

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <u>279.00</u>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <u>279.00</u>



**MLA EXPENSE CLAIM**  
**COMMUTER ALLOWANCE**

M.L.A. NAME Dr Alan Lagimodiere DATE PREPARED December 12, 2016

FOR THE CONSTITUENCY OF Selkirk

DEC 20 2016

**Authorized Commuting Expenses**

	Week of <u>oct 3-7</u>		Week of <u>oct 10-14</u>		Week of <u>oct 17-21</u>		Week of <u>oct 24-28</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	3/10/2016	1.00			17/10/2016	1.00	24/10/2016	1.00		
T	4/10/2016	1.00	11/10/2016	1.00	18/10/2016	1.00	25/10/2016	1.00		
W	15/10/2016	1.00	12/10/2016	1.00	19/10/2016	1.00	26/10/2016	1.00		
T	6/10/2016	1.00	13/10/2016	1.00	20/10/2016	1.00	27/10/2016	1.00		
F			14/10/2016	1.00						
S										
S										
	Total Trips	4.00	Total Trips	4.00	Total Trips	4.00	Total Trips	4.00	Total Trips	

OFFICE USE ONLY  
 Total Trips 16.00 x \$ 27.90  
**TOTAL COMMUTING EXPENSES** \$ 446.40

**Authorized Contingency Stay Expenses**

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business   
 Constituency business

Total Contingency Stay Expenses	\$
Total Commuting Expenses	\$ <u>446.20</u>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <u>446.20</u>



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### Authorized Commuting Expenses

	Week of <u>oct 31-nov 1</u>		Week of <u>nov 7- nov 13</u>		Week of <u>nov 14- nov 20</u>		Week of <u>nov 21-nov 27</u>		Week of <u>nov 28-dec 4</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	31/10/2016	1.00	7/11/2016	1.00	14/11/2016	1.00	21/11/2016	1.00	28/11/2016	1.00
T	1/11/2016	1.00	8/11/2016	1.00	15/11/2016	1.00	22/11/2016	1.00	29/11/2016	1.00
W	2/11/2016	1.00	9/11/2016	1.00	16/11/2016	1.00	23/11/2016	1.00	30/11/2016	1.00
T	3/11/2016	1.00	10/11/2016	1.00	17/11/2016	1.00	24/11/2016	1.00	1/12/2016	1.00
F					18/11/2016	1.00	25/11/2016	1.00	2/12/2016	1.00
S									3/12/2016	1.00
S										
	<b>Total Trips</b>	<b>4.00</b>	<b>Total Trips</b>	<b>4.00</b>	<b>Total Trips</b>	<b>2.00</b> <b>5.00</b>	<b>Total Trips</b>	<b>5.00</b>	<b>Total Trips</b>	<b>6.00</b>

OFFICE USE ONLY Total Trips <u>15</u> $24.00 \times \$ 27.90$ $6 \times 27.90$ <b>TOTAL COMMUTING EXPENSES</b>	<b>\$ 418.50</b> <b>\$ 167.40</b>
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### Authorized Contingency Stay Expenses

Date (M/D)	MEALS <small>(MAXIMUM OF TWO MEALS PER STAY)</small>			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business   
 Constituency business

<b>Total Contingency Stay Expenses</b>	<b>\$</b>
<b>Total Commuting Expenses</b>	<b>\$ 585.90</b>
<b>TOTAL EXPENSES CLAIMED</b>	<b>\$ 585.90</b>