



MLA EXPENSE CLAIM TRAVEL ALLOWANCE

LEGISLATIVE
ASSEMBLY

MLA NAME _____

Kelly Bindle

DATE PREPARED _____

July 31, 2016

FOR THE CONSTITUENCY OF _____

Thompson

450 10 000

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				Amount	Description
6/29					\$7.85	\$9.85	\$16.70	Wpg	\$132.44	\$4.60		
6/30					\$7.85	\$9.85	\$16.70	Wpg	\$132.44	\$4.60		
Total Kms: _____ x _____ (Mileage rate) \$					\$15.70	\$19.70	\$33.40		\$264.88	\$9.20		
											TOTAL:	\$342.88

I CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF AUTHORIZED TRAVEL EXPENSES INCURRED BY ME OR ON MY BEHALF AND THAT TO THE BEST OF MY KNOWLEDGE THE EXPENSES ARE PROPERLY PAYABLE UNDER THE MEMBERS' ALLOWANCES REGULATION.

MLA Signature: _____

Office Use Only			
Claim No.	18135	Doc No.	121335193
Certified Correct:	W	Approved:	KB

