MLA EXPENSE CLAIM TRAVEL ALLOWANCE

M.L.A. NAME		Eileen Clarke				_	DATE PREPARED						
FOR THE CONSTITUENCY OF Agassiz					_					AUG	3 1 20 23		
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	Ci Each N	Acco	Ē	Amount	Description	
8/30	See Attached	Travel Log	3,308										
												.	
	Pay Direct To: Eileen Clarke										20.000000000000000000000000000000000000		
		-											
Total Kn	ns:3,308 x							TOTAL: \$1,951.72					