



MLA EXPENSE CLAIM

LEGISLATIVE ASSEMBLY

LIVING ALLOWANCE

M.L.A. NAME Ralph Eichler DATE PREPARED Oct. 6/16

FOR THE CONSTITUENCY OF Lakeside

OCT 11 2016

Authorized Temporary Residence Expenses

| Date (M/D) | VENDOR | DESCRIPTION OF PURCHASE | For the month of <u>Aug</u> Sep | For the month of <u>Aug</u> | For the month of _____ |
|------------|----------|-----------------------------------|--|-----------------------------|------------------------|
| 09/25 | Shaw | TV, INTERNET, PHONE Shaw services | 193.00 | | |
| 09/29 | MB Hydro | Hydro | 46.00 | 46.00 | |
| | | | | | |
| | | | 193.00 | * 43.69 | |
| | | | \$ 239.00 | \$ 46.00 | \$ |
| | | * Balance Remaining | | | |
| | | Totals: | | \$ 236.69 | \$ 239.00 |

Authorized Living Expenses

| Date (M/D) | VENDOR | DESCRIPTION OF PURCHASE | For the month of _____ | For the month of _____ | For the month of _____ |
|------------|--------|-------------------------|------------------------|------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | \$ | \$ | \$ |
| | | Totals: | | \$ | |

| | |
|-------------------------------|-----------------------------|
| Total Residence Expenses | \$ 239.00 236.69 |
| Total Living Expenses | \$ |
| TOTAL EXPENSES CLAIMED | \$ 239.00 236.69 |



MLA EXPENSE CLAIM

LEGISLATIVE
ASSEMBLY

LIVING ALLOWANCE

M.L.A. NAME Ralph Eichler DATE PREPARED November 1, 2016

FOR THE CONSTITUENCY OF Lakeside

Authorized Temporary Residence Expenses

| Date (M/D) | VENDOR | DESCRIPTION OF PURCHASE | For the month of <u>Nov.</u> | For the month of _____ | For the month of _____ |
|----------------|-----------------------------------|-------------------------|------------------------------|------------------------|------------------------|
| 11/1 | EDISON PROPERTIES - November Rent | | \$1,060.00 | | |
| | | | | | |
| | PAY DIRECT | | | | |
| | | | | | |
| | | | \$ 1,060.00 | \$ | \$ |
| Totals: | | | | \$ 1,060.00 | |

Authorized Living Expenses

| Date (M/D) | VENDOR | DESCRIPTION OF PURCHASE | For the month of _____ | For the month of _____ | For the month of _____ |
|----------------|--------|-------------------------|------------------------|------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | \$ | \$ | \$ |
| Totals: | | | | \$ | |

| | |
|-------------------------------|--------------------|
| Total Residence Expenses | \$ 1,060.00 |
| Total Living Expenses | \$ |
| TOTAL EXPENSES CLAIMED | \$ 1,060.00 |