

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A. NAME JUDY KLASSEN										DATEPR	EPARED	-	ivia	rcn Z	0, 20)17	-	
FOR	THE C	ONST	TTUENCY	OF _		KEWA [*]		MAR 2 7 2017										
	Week	of M	ARCHA6	Week	of _N	1AR 13		MAR 18 20 Week of N				MAR 25 Week of APRIL					_	
	Date		Trip	Date	,	Trip		Date		Trip	Date		Trip				Trip	
М				6		1.00		13	13		20		1.00					
T				7		1.00		14		1.00	21		1.00					
W	1		1.00			1.00		15		1.00	22		1.00					
T	2		1.00	9	1.0			16		1.00	23		1.00					_
F	3		1.00	10		1.00		17		1.00	24		1.00					
S									\downarrow									
S																		
	Total Trips		3.00	.00 Total T		ips 5.00		Total Trips		5.00	Total Trips		5.00	Total Trips		ps		
OFFICE USE ONLY																		
									Total Trips <u>18.00</u> x \$ 53.35					\$ 960.30				
								TOTAL	EXPENSES									
Authorized Contingency Stay Expenses																		
_			(MAXIMUM OF T	MEALS MAXIMUM OF TWO MEALS PEI				Inc							Incid	idental		
Date (M/D)		Breakfast				Dinner		Accommodations							wance			
3/23				9.85	\$	\$16.70		ALITY INN 8	UITES	\$135.6			\$4.60					
**		\$ \$		9.85 \$		16.70						\$ 135.69		9	\$,	4.60	
01000	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN Total Contingency Stay Expenses														\$	1	66.84	
OVERNIGHT(S) STAY. REASON FOR STAY: Legislative business Total											Total Commuting Expenses					90	60.30	
		(Constituency	business			TOTAL EXPENSES CLAIMED					\$	11	87.14				