

## **MLA EXPENSE CLAIM**

## **COMMUTER ALLOWANCE**

M.L.	A. NAME	E _	JUDY KLASSEN						DATE PREPARED _		Jı	June 19, 2018			
FOR THE CONSTITUENCY OF KEWAT							TINOOI	<	_			JUL	1 2 20	018	
	Authorized Commuting Expenses														
	Week ofC		06/0 <mark>8</mark> We		k of <u>06/15</u>			Veek of _	06/22	Week of	06/29	Week of			
	Date	Date		p Dat		e Trip		Date		Date	Trip		Date	Trip	
М	06/0	)4	1.00	00 06/1		1.00		06/18	1.00 06/25						
Т	06/0	)5		06/1	2	1.00	31	06/19	1.00						
W	06/06		1.00	00 06/1		3 1.00		06/20							
Т	06/07		1.00	1.00 06/1		4 1.00		06/21							
F															
S															
S															
	Total Ti	rips	3.00	Total T	rips	4.00	To	otal Trips	4.00	Total Trip	os -	Total Trips			
	OFFICE USE ONLY														
	Total Trips 11.00 x \$ 54.43												598.73		
								TOTAL	COMMUTING EXPENSES			\$			
Authorized Contingency Stay Expenses															
	MEALS												Inc	idontal	
Da (M/						inner			Accom		Incidental Allowance				
<u> </u>															
	-														
	\$	\$ \$			\$	\$				_		\$		\$	
148	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN TOTAL CONTINGENCY STAY EXPENSES												\$		
OVERNIGHT(S) STAY:  REASON FOR STAY: Legislative business  Total Commuting Expenses											\$ 5	98.73			
Constituency business TOTAL EXPENSES CLAIMED										ED	\$ 5	18.73. 586.85			