



**Fiscal Year
2017-2018**

**MLA EXPENSE CLAIM
COMMUTER ALLOWANCE**

LEGISLATIVE
ASSEMBLY

M.L.A. NAME JUDY KLASSEN DATE PREPARED June 19, 2018

FOR THE CONSTITUENCY OF KEWATINOOK

JUN 21 2018

Authorized Commuting Expenses

	Week of <u>10/06²</u>		Week of <u>10/13⁹</u>		Week of <u>10/20¹⁶</u>		Week of <u>10/27²³</u>		Week of <u>10/30¹⁰</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M										
T			10/10	1.00			10/23	1.00	10/30	1.00
W	10/4	1.00	10/11	1.00			10/24	1.00	10/31	1.00
T	10/5	1.00	10/12	1.00			10/25	1.00		
F							10/26	1.00		
S										
S										
	Total Trips	2.00	Total Trips	3.00	Total Trips		Total Trips	4.00	Total Trips	2.00

OFFICE USE ONLY

Total Trips 11.00 x \$ 53.35

TOTAL COMMUTING EXPENSES

\$ 586.85

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business
Constituency business

Total Contingency Stay Expenses	\$
Total Commuting Expenses	\$ 586.85
TOTAL EXPENSES CLAIMED	\$ 586.85



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JUN 21 2018

Authorized Commuting Expenses

	Week of <u>11/06</u>		Week of <u>11/10/13</u>		Week of <u>11/17</u>		Week of <u>11/24/20</u>		Week of <u>11/30/27</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M										
T			11/6	1.00			11/21	1.00	11/27	0.00
W	11/1	1.00	11/7	1.00			11/22	1.00	11/28	1.00
T	11/2	1.00	11/8	1.00			11/23	1.00	11/29	1.00
F			11/9	1.00			11/24		11/30	1.00
S										
S										
	Total Trips	2.00	Total Trips	2.00 4.00	Total Trips		Total Trips	3.00	Total Trips	3.00

* maximum

OFFICE USE ONLY ¹⁰	
Total Trips 12.00 x \$ 53.35	\$ 533.50
TOTAL COMMUTING EXPENSES	\$ 640.20

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business
Constituency business

Total Contingency Stay Expenses	\$
Total Commuting Expenses	\$ 640.20 ^{533.50}
TOTAL EXPENSES CLAIMED	\$ 693.55 ^{533.50}



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M.L.A. NAME JUDY KLASSEN DATE PREPARED June 19, 2018

FOR THE CONSTITUENCY OF KEWATINOOK

JUN 21 2018

Authorized Commuting Expenses

Week of <u>12/8⁴</u>		Week of _____		Week of _____		Week of _____		Week of _____		
Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip	
M	12/4	1.00								
T	12/5	1.00								
W										
T										
F										
S										
S										
Total Trips		2.00	Total Trips			Total Trips			Total Trips	
OFFICE USE ONLY										
Total Trips <u>2.00</u> x \$ <u>53.35</u>								\$ 106.70		
TOTAL COMMUTING EXPENSES										

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY. REASON FOR STAY: Legislative business <input type="checkbox"/> Constituency business <input type="checkbox"/>					Total Contingency Stay Expenses \$
					Total Commuting Expenses \$ 106.70
					TOTAL EXPENSES CLAIMED \$ 106.70



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JUN 21 2018

Authorized Commuting Expenses

	Week of <u>03/09</u>		Week of <u>03/16</u> ¹²		Week of <u>03/23</u> ¹⁹		Week of <u>03/30</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M			03/12	1.00 *	03/19	1.00				
T			03/13	1.00	03/20	1.00				
W	03/07	1.00	03/14	1.00	03/21	1.00				
T	03/08	1.00 *			03/22	1.00				
F										
S										
S										
	Total Trips	^{1.00} 2.00	Total Trips	^{2.00} 3.00	Total Trips	4.00	Total Trips		Total Trips	

OFFICE USE ONLY

Total Trips 9.00 x \$ 53.35

TOTAL COMMUTING EXPENSES

\$

^{373.45}
480.15

* not eligible

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business
Constituency business

Total Contingency Stay Expenses

\$

Total Commuting Expenses

\$

TOTAL EXPENSES CLAIMED

\$

^{373.45}
480.15

^{373.45}



**Fiscal Year
2018-2019**

**MLA EXPENSE CLAIM
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LEGISLATIVE
ASSEMBLY

M.L.A. NAME JUDY KLASSEN DATE PREPARED June 19, 2018

FOR THE CONSTITUENCY OF KEWATINOOK

JUN 22 2018

Authorized Commuting Expenses

Week of <u>05/04</u>		Week of <u>05/11 7</u>		Week of <u>05/18 14</u>		Week of <u>05/25</u>		Week of <u>05/31</u>	
Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M				05/14	1.00				
T				05/15	1.00				
W		05/09	1.00	05/16	1.00				
T		05/10	1.00	05/17	1.00				
F									
S									
S									
Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
		2.00		4.00					
OFFICE USE ONLY									
Total Trips <u>6.00</u> x \$ <u>54.43</u>								\$ 326.58	
TOTAL COMMUTING EXPENSES									

Authorized Contingency Stay Expenses

Date (M/D)	MEALS <small>(MAXIMUM OF TWO MEALS PER STAY)</small>			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY. REASON FOR STAY: Legislative business <input type="checkbox"/> Constituency business <input type="checkbox"/>					Total Contingency Stay Expenses \$
					Total Commuting Expenses \$ 326.58
					TOTAL EXPENSES CLAIMED \$ 326.58



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FOR THE CONSTITUENCY OF KEWATINOOK

JUN 22 2018

Authorized Commuting Expenses

	Week of <u>04/06²</u>		Week of <u>04/13⁹</u>		Week of <u>04/20¹⁰</u>		Week of <u>04/27²³</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M			* 04/09	1.00	04/16	1.00	04/24	1.00		
T	04/03	1.00	04/10	1.00	04/17	1.00	04/25	1.00		
W	04/04	1.00	04/11	1.00	04/18	1.00	04/26	1.00		
T	04/05	1.00	04/12	1.00						
F										
S										
S										
	Total Trips	3.00	Total Trips	4.00 ^{1.00}	Total Trips	3.00	Total Trips	3.00	Total Trips	

* Claimed on Travel

OFFICE USE ONLY <u>10</u>	\$ 544.30 707.59
Total Trips <u>13.00</u> x \$ <u>54.43</u>	
TOTAL COMMUTING EXPENSES	

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			Accommodations	Incidental Allowance
	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$

ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.

REASON FOR STAY: Legislative business
Constituency business

Total Contingency Stay Expenses	\$ <u>544.30</u>
Total Commuting Expenses	\$ <u>707.59</u>
TOTAL EXPENSES CLAIMED	\$ <u>707.59</u>