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APR - 42017
Authorized Commuting Expenses


Authorized Contingency Stay Expenses


Dr Alan Lagimodiere
DATE PREPARED
March 1, 2017
FOR THE CONSTITUENCY OF $\qquad$ -

$$
\text { APR } 042017
$$

$\operatorname{Jan} 30$

|  |  | an 30 |  | Auth | d Commuting | enses |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Week of | EEB-1 | Week of | 6 | Week of | 13 | Week of | B 20 | Week of | B 27 |
|  | Date | Trip | Date | Trip | Date | Trip | Date | Trip | Date | Trip |
| M |  |  | 6 |  | 13 |  | 20 |  | 27 |  |
| T |  |  | 7 | 1.00 | 14 |  | 21 | 1.00 | 28 | 1.00 |
| W | 1 | 1.00 * | 8 |  | 15 | 1.00 | 22 | 1.00 |  |  |
| T | 2 | $4.00 *$ | 9 |  | 16 | 1.00 | 23 |  |  |  |
| F | 3 |  | 10 | 1.00 | 17 |  | 24 |  |  |  |
| S | 4 |  | 11 |  | 18 |  | 25 |  |  |  |
| S | 5 |  | 12 |  | 19 |  | 26 |  |  |  |
|  | Total Trips | $-2.00^{*}$ | Total Trips | 2.00 | Total Trips | 2.00 | Total Trips | 2.00 | Total Trips | 1.00 |
| * exceeds maximum |  |  |  |  | OFFICE USE ONLY <br> Total Trips $\qquad$ 3.00 x \$ 27. $\qquad$ |  |  |  | \$ 195.30 |  |

Authorized Contingency Stay Expenses

| Date <br> (M/D) | MEALS <br> (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. |  |  |  | Total Contingency Stay Expenses | \$ |
|  |  |  |  | Total Commuting Expenses | $\$ 195.30$ |
|  |  |  |  | TOTAL EXPENSES CLAIMED | \$ 195.30 |

Fiscal Year 2016-2017

MLA EXPENSE CLAIM

Dr Alan Lagimodiere
DATE PREPARED
March 31, 2017

FOR THE CONSTITUENCY OF $\qquad$ SELKIRK

Authorized Commuting Expenses


Authorized Contingency Stay Expenses


