March 1, 2017



M.L.A. NAME

## **MLA EXPENSE CLAIM**

#### **COMMUTER ALLOWANCE**

DATE PREPARED \_\_\_

Dr Alan Lagimodiere

Authorized Commuting Expenses           Week of JAN 2         Week of JAN 9         Week of JAN 16         Week of JAN 23         Week of JAN 30           Date         Trip         Date         Trip         Date         Trip         Date         Trip           M         2         9         16         23         30         1.0           T         3         10         17         1.00         24         1.00         31         1.0           W         4         11         18         1.00         25         —         —           T         5         12         19         26         1.00         —           F         6         13         20         27         —         —           S         7         14         21         28         —         —           S         8         15         22         29         —         TITIP         Date         Trip         Date         Trip           10         10         17         1.00         24         1.00         31         1.0           10         10         19         26         1.00         1.0         1.0	FOR	THE C	ONSTI	TUENC	Y OF _		SELŁ	KIRK	-			APF	2 - 4	2017	
Date							Auth	orized Commuting	Expenses				,		
M   2   9   16   23   30   1.0		Week	ofJ	AN 2	Week of _	JAN 23	Week of		JAN30						
T		Dat	te	e Trip Date Trip		Date	Trip	Date	Trip	Date		Trip			
T   3	м	2			9			16		23			30	1.00	
T		3	-		10			17	1.00	24	24 1.00		31	1.00	
F   6	W	4			11			18	1.00	25					
S   7	. Т	5			12			19		26	1.00				
S   8	F	6			13			20		27					
Total Trips  Total	S	7			14	14		21		28					
OFFICE USE ONLY Total Trips 6.00 x \$ 27.90 TOTAL COMMUTING EXPENSES  Authorized Contingency Stay Expenses  Accommodations Incidental Allowance  \$ 167.40  \$ 167.40  \$ 167.40  \$ 167.40  \$ 167.40  \$ 167.40	S	8	8 15			22		29							
Total Trips   <u>6</u> :00   x \$ <u>37.90</u>     \$ 167.40		Total T	Trips		Total T	rips		Total Trips	2.00	Total Trips	2.00	Tota	l Trips	-2.00	
Date (M/D)  Breakfast Lunch Dinner  Accommodations Allowance  Allowance  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						20		TOTAL C	COMMUTING	G EXPENSES		\$ /			
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN  Total Contingency Stay Expenses  \$									Accomr	Accommodations					
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN  Total Contingency Stay Expenses  \$												<i>y</i>			
ALL CONTINOENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RECATION TO AN	\$ \$ \$										\$				
Total Commuting Expenses \$167.40  Constituency business  TOTAL EXPENSES CLAIMED \$167.40		ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORWARE INVESTMENT TO AN										s	•		
TOTAL EXPENSES CLAIMED \$ 167. 40		REASON FOR STAY: Legislative business										\$167.40			
		Constituency business TOTAL EXPENSES CLAIMED											\$167.40		

APR 0 4 2017



# Fiscal Year **2016-2017**

FOR THE CONSTITUENCY OF SELKIRK

## **MLA EXPENSE CLAIM**

#### **COMMUTER ALLOWANCE**

M.L.A. NAME \_\_\_\_\_ Dr Alan Lagimodiere \_\_\_\_\_ DATE PREPARED \_\_\_\_ March 1, 2017

Jan 30 Authorized Commuting Expenses															
	Wee	k of		Week of FEB 6				Week of FEB 13			Week of _	We	Week of FEB 27		
	Da	Date Trip		Date		Trip		Date		Trip	Date	Trip		Date	Trip
м				6				13			20			27	
Т				7	7			14			21	1.00	28		1.00
W		1	1.00	8				15		1.00	0 22 1.00				
. Т	2	2	1.00 1	9				16		1.00	23				
F	;	3		10		1.00		17			24				
S		4		11				18	18		25				
S		5		12	2			19			26				
	Total	Trips	-2.00	Total T	rips	2.00		otal Trips		2.00	Total Trips	2.00	Tota	al Trips	1.00
e exceeds maximum								1	rips	ONLY 3.00  MMUTING	\$	s 195.30			
						Author	ized Coi	ntingency (	Sta	/ Expenses					
Date (MAXIMUM OF TWO MEALS PER STAY)								Accommodations Incidental							
	/D)	Breakfast I		_unch		Dinner		Allowan							wance
\$ \$									\$						
0.000		TAY EXPENSES	S CLAIMED ON	N THIS F	ORM ARE IN R	ELATION 1	Total Contingency Stay Expenses						\$		
	overnight(s) stay.  REASON FOR STAY: Legislative business									Total Cor	nmuting Ex		\$ 195.30 \$ 195.30		
Constituency business TOTAL EXPENSES CL										S CLAIN	IED	ED \$195.30			



M.L.A. NAME

## Fiscal Year **2016-2017**

## **MLA EXPENSE CLAIM**

### **COMMUTER ALLOWANCE**

Dr Alan Lagimodiere DATE PREPARED March 31, 2017

FOR THE CONSTITUENCY OF SELKIRK														- 4, 201	5			
	Authorized Commuting Expenses																	
	Week of MAR 1 Week of MAR 6								Week of _	13	Week of MAR 20				ek of _N	1AR 27		
	Da	ate	Tr	ip	Date		Trip		Date		Trip Date			Trip		Date	Trip	
М					6	6			13		1.00	20		1.00		27		
Т					7		1.00		14		1.00	21		1.00		28	1.00	
W		1	1.0	00	8		1.00		15		1.00	22	22 1.00		29			
, T	2	2	1.0	00	9	1.00		16			1.00	23		1.00		30		
F	;	3	1.0	00	10	0 1.00			17		1.00	24		1.00		31	1.00	
S	4	4	1.0	00	11		1.00		18		1.00	25		1.00				
S		5			12				19		*	26						
	Total	Trips	4.0	00	Total Ti	ips	6.00		Total Trips		6.00	Total Trips		6.00	Total Trips		2.00	
	OFFICE USE ONLY  Total Trips 24.00 x \$ 27.90  TOTAL COMMUTING EXPENSES												613.80 55.80					
TOTAL COMMOTING EXPENSES																		
				N	1EALS		Author	ized	Contingency S	Stay E	xpenses							
	ate			UM OF T	TWO MEALS	/200					Accomm	odations				Incidental Allowance		
(M	/D)	Break	Breakfast Lunch			Dinner												
\$ \$											\$			\$				
1	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.  Total Contingency Stay Expenses												\$					
W03-4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0												\$ 66	9.60					
	Constituency business TOTAL EXPENSES CLAIMED												\$66	9.6D 9.60				