



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

LEGISLATIVE  
ASSEMBLY

M.L.A. NAME Dr. Alan Lagimodiere DATE PREPARED December 15, 2017

FOR THE CONSTITUENCY OF Selkirk

JAN 0 5 2018

### Authorized Commuting Expenses

	Week of <u>Jul 1-2</u>		Week of <u>3-9</u>		Week of <u>10-16</u>		Week of <u>17-23</u>		Week of <u>24-30</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M			3	1.00	10		17		24	1.00
T			4		11		18		25	
W			5		12		19	1.00	26	1.00
T			6	1.00	13		20		27	
F			7		14		21	1.00	28	
S	1		8		15		22		29	
S	2		9		16		23		30	
	Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
			2.00				2.00		2.00	

OFFICE USE ONLY
Total Trips <u>6.00</u> x \$ <u>27.90</u>
TOTAL COMMUTING EXPENSES
\$ <b>167.40</b>

### 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

Constituency business

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <b>167.40</b>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <span style="color: red; font-weight: bold;">167.40</span>



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

LEGISLATIVE  
ASSEMBLY

M.L.A. NAME Dr. Alan Lagimodiere DATE PREPARED December 22, 2017

FOR THE CONSTITUENCY OF Selkirk

JAN 05 2018

### Authorized Commuting Expenses

	Week of <u>Aug 1-6</u>		Week of <u>7-13</u>		Week of <u>14-20</u>		Week of <u>21-27</u>		Week of <u>28-31</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	1		7		14	1.00	21		28	1.00
T	2		8	1.00	15		22		29	
W	3	1.00	9		16		23		30	
T	4	1.00	10		17	1.00	24		31	1.00
F	5		11		18		25	1.00		
S	6		12		19		26	1.00		
S	7		13		20		27			
	Total Trips 2.00		Total Trips 1.00		Total Trips 2.00		Total Trips 2.00		Total Trips 2.00	

<p style="font-size: small;">OFFICE USE ONLY</p> <p>Total Trips <u>7</u> <u>9.00</u> x \$ <u>27.90</u></p> <p><u>2</u> x <u>27.90</u></p> <p><b>TOTAL COMMUTING EXPENSES</b></p>	<p style="color: red; font-weight: bold;">195.30</p> <p style="color: red; font-weight: bold;"><del>251.10</del></p> <p style="color: red; font-weight: bold;">\$ 55.80</p>
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### 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

Constituency business

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <span style="color: red;">195.30</span>
<span style="color: red; font-weight: bold;">GRAND</span> <b>TOTAL EXPENSES CLAIMED</b>	\$ <span style="color: red;">55.80</span>
	\$ <span style="color: red; font-weight: bold;">251.10</span>



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

M.L.A. NAME Dr. Alan Lagimodiere DATE PREPARED December 22, 2017  
 FOR THE CONSTITUENCY OF Selkirk JAN 05 2018

**Authorized Commuting Expenses**

	Week of <u>Sept 4-10</u>		Week of <u>11-17</u>		Week of <u>18-24</u>		Week of <u>25-30</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	4		11	1.00	18	1.00	25	1.00		
T	5	1.00	12		19		26			
W	6		13		20		27			
T	7		14	1.00	21		28			
F	8	1.00	15		22	1.00	29	1.00		
S	9		16		23		30			
S	10		17		24					
	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	

OFFICE USE ONLY	
Total Trips <u>8.00</u> x \$ <u>27.90</u>	<b>\$ 223.20</b>
<b>TOTAL COMMUTING EXPENSES</b>	

**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

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <b>223.20</b>
<b>TOTAL EXPENSES CLAIMED</b>	<b>\$ 223.20</b>





# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

M.L.A. NAME Dr. Alan Lagimodiere DATE PREPARED December 22, 2017

FOR THE CONSTITUENCY OF Selkirk

JAN 05 2018

### Authorized Commuting Expenses

	Week of <u>Oct 2-8</u>		Week of <u>9-15</u>		Week of <u>16-22</u>		Week of <u>23-29</u>		Week of <u>30-31</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	2		9	1.00	16	1.00	23	1.00	30	1.00
T	3	1.00	10	1.00	17	1.00	24	1.00	31	1.00
W	4	1.00	11	1.00	18		25	1.00		
T	5	1.00	12	1.00	19		26	1.00		
F	6	1.00	13	1.00	20		27	1.00		
S	7	1.00	14	1.00	21		28	1.00		
S	8		15		22		29			
	Total Trips	5.00	Total Trips	6.00	Total Trips	2.00	Total Trips	6.00	Total Trips	2.00

OFFICE USE ONLY	
Total Trips <u>19</u>	<u>530.10</u>
<del>Total Trips 21.00</del> x \$ <u>27.90</u>	<del>585.90</del>
<u>2</u> x <u>27.90</u>	\$ <u>55.80</u>
<b>TOTAL COMMUTING EXPENSES</b>	

### 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	\$ <u>530.10</u> <u>55.80</u>
<b>GRAND TOTAL EXPENSES CLAIMED</b>	\$ <u>585.90</u>



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

M.L.A. NAME Dr. Alan Lagimodiere DATE PREPARED December 22, 2017

FOR THE CONSTITUENCY OF Selkirk

JAN 05 2018

### Authorized Commuting Expenses

	Week of <u>Nov 1-5</u>		Week of <u>6-12</u>		Week of <u>13-19</u>		Week of <u>20-26</u>		Week of <u>27-30</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M			6	1.00	13		20	1.00	27	1.00
T			7	1.00	14	1.00	21	1.00	28	1.00
W	1	1.00	8	1.00	15		22	1.00	29	1.00
T	2	1.00	9	1.00	16		23	1.00	30	1.00
F	3	<del>1.00</del> *	10	1.00	17		24	1.00		
S	4	<del>1.00</del> *	11		18	1.00	25	1.00		
S	5		12		19		26			
	Total Trips	<del>3</del> 4.00	Total Trips	5.00	Total Trips	2.00	Total Trips	6.00	Total Trips	4.00

\* not eligible

OFFICE USE ONLY

Total Trips <sup>15</sup> ~~21.00~~ x \$ 27.90  
<sup>4</sup> x <sup>27.90</sup>  
**TOTAL COMMUTING EXPENSES**

418.50  
~~585.90~~  
**\$ 111.60**

### 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

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ 418.50 111.60
<b>GRAND TOTAL EXPENSES CLAIMED</b>	\$ 530.10