

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

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

FOF	RTHE	CONST	ITUE	NCY	OF _		Sel	kirk		_				JAI	N O	5 2018	
	Authorized Commuting Expenses																
Week of Jul 1-2 Week of 3-9 Week of 1									1	0-16 Week of 17-23 V				We	Veek of <u>24-30</u>		
	Date Trip Date Trip					Date	T	Trip	Date		Trip		Date	Trip			
м 3 1.00								10			17				24	1.00	
T					4				11 18					25			
W	w 5						12	Γ		19		1.00	26		1.00		
T					6		1.00		13	Ι		20				27	
F					7	PL C			14			21		1.00		28	
S		1			8				15			22				29	
S		2			9				16	Τ		23				30	
	Total	Trips			Total Tr	ips	2.00	Т	otal Trips	e il constitution de la constitu		Total Trips	3	2.00	Tota	al Trips	2.00
	Total Trips 6.00 x \$ 27.90 TOTAL COMMUTING EXPENSES										\$	167.40 \$					
							Author	ized Co	ntingency S	Stay	y Expenses						
	ate ///D)	Break		UM OF 1	IEALS TWO MEALS unch		ay) Dinner	ΔCCOMMOdations							idental wance		
_																	
										_							
		\$		\$		\$							\$			\$	
1	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.										Total Contingency Stay Expenses					\$	
		OR STAY:	Legisla								Total Cor	mmuting Ex	pen	ses		\$ 1	67.40
			Consti	tuency	business						TOTAL	EXPENSE	ES	CLAIMI	ED	\$ 16	7.40



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M.L.	A. NAME		Dr. A	lan La	DATE PREPARED December 22, 2017						
FOR	THE CONST	TITUENCY	′ OF		Selk	irk orized Commuting	- I Evnancas		JA	N 0 5 20	118
	Week of _A	Aug 1-6	Week o	of	7-13	Week of _		Week of _	Week of	28-31	
	Date	Trip	Date		Trip	Date	Trip	Date	Date	Trip	
М	1		7			14	1.00	21		28	1.00
T						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	11		18		25	1.00		
S	6		12		76	19		26	1.00		
S	7		13	13		20		27			
Total Trips 2.00 Total Trips				rips	1.00	Total Trips	2.00	Total Trips	2.00	Total Trip	s 2.00
	TOTAL COMMUTING EXPENSES										30
Г	T		MEALS		Authoriz	ed Contingency S	Stay Expenses	3			
	ate Break	(MAXIMUM OF		100	y) inner			Incidental Allowance			
-											
	\$ \$ \$										
	ALL CONTINGENCY S		S CLAIMED ON	N THIS FO	ORM ARE IN RE	LATION TO AN	Total Co	ntingency S	tay Expense		
	OVERNIGHT(S) STAY		business				Total Co	mmuting Ex	penses	\$	195.30 55.80
	Constituency business Constituency business TOTAL EXPENSES CLAIMED										



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Dr. Alan Lagimodiere DATE PREPARED December 22, 2017

FOR	THEC	ONST	ITUENCY	OF		Sel	kirk		_				JA	N O	5 2018		
				_		Autl	norized	Commuting	g E	xpenses							
	Week of Sept 4-10 Week of 11-17 Week of									18-24 Week of <u>25-30</u>				We	Week of		
	Dat	te	Trip	Date	Date Trip			Date		Trip	Date		Trip	Date		Trip	
М	M 4 11 1.00							18		1.00	25 1.00						
Т	T 5 1.00 12							19			26						
W	6 13					20				27							
Т	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	Ι								
	Total 1	Trips	2.00	Total Ti	rips	2.00	7	Total Trips		2.00	Total Trips	S	2.00	Tota	al Trips		
-	OFFICE USE ONLY																
	Total Trips 8.00 x \$ 27.90											223	3.20				
								TOTAL	co	MMUTING	EXPENSES	3		\$			
						Author	ized Co	ntingency S	Sta	v Expenses							
			(MAXIMUM OF	MEALS	050.01										Ina	idental	
	ate 1/D)	Breakt		_unch		Dinner	Accommodations Allowa										
	-	Dicak	idot i									_	***************************************				
												_					
												L					
		\$	\$		\$							\$			\$		
100	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 \$ 223.2										23.20							
Constituency business TOTAL EXPENSES CLAIMED \$ 23										3.20							



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FOR	FOR THE CONSTITUENCY OF Selkirk JAN 0 5 2018															
	Authorized Commuting Expenses															
Week of <u>Oct 2-8</u> Week of <u>9-15</u>								eek of _	16-	22	Week of _	23-29	We	Week of <u>30-31</u>		
	Date	Т	rip	Date		Trip		Date		Trip	Date	Trip		Date	Trip	
М	2 9 1.00						16		1.00	23	1.00		30	1.00		
T							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		0.	15				22			29					
	Total Trips	5.	00	Total Tr	ips	6.00	To	Total Trips		2.00	Total Trips	6.00	Total Trips		2.00	
OFFICE USE ONLY 9 Total Trips 21.00 x \$ 27.90 TOTAL COMMUTING EXPENSES 55.80												.90				
Authorized MEALS (MAXIMUM OF TWO MEALS PER STAY) (M/D) Breakfast Lunch Dinner						ized Con	Accommodations Incidenta Allowance									
	\$		\$		\$							\$		\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY. Total Contingency Stay Expenses \$																
	REASON FOR STA	y: Legis									mmuting Ex	penses		\$ 55	5.80	
<u></u>	organizacione del Principio del Constitucio del Principio del Constitucio del Principio del Constitucio del Pr	Consi	ituenc	y business					C	TOTAL	EXPENSE	S CLAIM	ED	\$ 58	35.90	



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FOR THE CONSTITUENCY OF Selkirk JAN 0 5 2018													
	Authorized Commuting Expenses												
	Week of	Nov 1-5	Week of _	6-12	W	leek of	13-19	Week of _	Week of		27-30		
	Date	Trip	Date Trip			Date	Trip	Date	Trip	D	ate	Trip	
м	6 1.00					13		20 1.00			27 1.00		
T	7 1.00					14	1.00	21	1.00	2	28	1.00	
W	1	1.00 8 1.00			15		22	1.00	2	29	1.00		
T	2	1.00	9	1.00		16		23	1.00	:	30	1.00	
F	3	1.00 *	10	1.00		17		24	1.00				
S	4	-1.00 ₺	11			18	1.00	25	1.00				
S	5	v = - v	12			19		26					
	Total Trips	3.00	Total Trips	5.00	Т	otal Trips	2.00	Total Trips	6.00	Tota	I Trips	4.00	
4	* not oligible Total Trips 21.00 x \$ 27.90 TOTAL COMMUTING EXPENSES ** TOTAL COMMUTING EXPENSES										-58	8.50 5.90 60	
	ate //D) Breal	(MAXIMUM OF	MEALS TWO MEALS PER S		zed Cor	Accommodations Inc.							
	\$	\$	\$				***************************************		\$		\$		
н	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN Total Contingency Stay Expenses												
												18.50	
		Constituency	y business				TOTAL	EXPENSE	S CLAIM	ED	\$ 5	30.10	