



**Fiscal Year
2018-2019**

**MLA EXPENSE CLAIM
COMMUTER ALLOWANCE**

LEGISLATIVE
ASSEMBLY

MAY 16 2019

M.L.A. NAME Alan Lagimodiere DATE PREPARED May 8, 2019

FOR THE CONSTITUENCY OF Selkirk

Authorized Commuting Expenses

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

OFFICE USE ONLY

Total Trips 10.00 x \$ 28.52

TOTAL COMMUTING EXPENSES

\$ 285.20

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	\$ 285.20
TOTAL EXPENSES CLAIMED	\$ 256.68 285.20



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Authorized Commuting Expenses

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

OFFICE USE ONLY

Total Trips 18.00 x \$ 28.52

TOTAL COMMUTING EXPENSES

\$ 513.36

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

Total Contingency Stay Expenses	\$
Total Commuting Expenses	\$ 513.36
TOTAL EXPENSES CLAIMED	\$ 513.36



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Authorized Commuting Expenses

	Week of <u>Oct 15-21</u>		Week of <u>Oct 22-28</u>		Week of <u>Oct 29-4</u>		Week of <u>Nov 5-11</u>		Week of <u>Nov 12-18</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	15	1.00	22	1.00	29	1.00	5	1.00 *	12	
T	16		23	1.00	30	1.00	6	1.00 *	13	1.00 *
W	17		24	1.00	31	1.00	7	1.00 *	14	1.00 *
T	18	1.00	25	1.00	1	1.00 *	8	1.00 *	15	
F	19		26	1.00	2	1.00 *	9	1.00 *	16	
S	20		27	1.00	3	1.00 *	10	1.00 *	17	
S	21		28		4		11		18	
	Total Trips	2.00	Total Trips	6.00	Total Trips	6.00 ³	Total Trips	6.00 ⁰	Total Trips	2.00 ⁰

* previously claimed

OFFICE USE ONLY

Total Trips 11 ~~22.00~~ x \$ 28.52

TOTAL COMMUTING EXPENSES

\$ ~~627.44~~ ^{313.72}

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	\$ ^{313.72}
Total Commuting Expenses	\$ 627.44
TOTAL EXPENSES CLAIMED	\$ 313.72



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Authorized Commuting Expenses

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

** previously claimed*

OFFICE USE ONLY		
Total Trips	<u>22.00</u> x \$ <u>28.52</u>	\$ <u>313.72</u>
TOTAL COMMUTING EXPENSES		\$ 627.44

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>313.72</u>
Total Commuting Expenses	\$ 627.44
TOTAL EXPENSES CLAIMED	\$ <u>313.72</u>



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Authorized Commuting Expenses

	Week of <u>Dec 24-30</u>		Week of _____		Week of _____		Week of _____		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	24									
T	25									
W	26									
T	27									
F	28									
S	29	1.00								
S	30	1.00								
	Total Trips	2.00	Total Trips		Total Trips		Total Trips		Total Trips	

OFFICE USE ONLY

Total Trips 2.00 x \$ 28.52

TOTAL COMMUTING EXPENSES

\$

57.04

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 \$ **57.04**

TOTAL EXPENSES CLAIMED \$ **57.04**