

M.L.A. NAME

Amanda Lathlin

MLA EXPENSE CLAIM

LIVING ALLOWANCE

DATE PREPARED August 1, 2017

| FOR THE C | ONSTITUENCY | OF The Pas | | | | | | | |
|---|-------------|-----------------------------|----|----------------|---------------------------------|------------------|----|-------------|------------------|
| Authorized Temporary Residence Expenses | | | | | | | | | |
| Date (M/D) | VENDOR | DESCRIPTION OF PURCHAS | E | | or the month f <u>Auaust</u> | For the month of | | nth —— | For the month of |
| 8/1 | GLOBE PROPE | RTY MANAGEMENT - August Rer | nt | | \$1,255.00 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | PAY DIRECT | | | | | | | | |
| | | | | | | | | | |
| | | | | \$ 1,255.00 \$ | | | | | \$ |
| | | | | To | otals: | | \$ | | 1,255.00 |
| | Au | thorized Living Expenses | | | | | | | |
| Date (M/D) | VENDOR | DESCRIPTION OF PURCHAS | Ε | | For the month of of of | | | nth — | For the month of |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | \$ | \$ \$ | | | | \$ |
| | | | | Totals: | | | \$ | | |
| | | | | | | | | | |
| To | | | | | Total Residence Expenses | | | \$ 1,255.00 | |

Total Living Expenses

TOTAL EXPENSES CLAIMED

\$

\$

1,255.00