



# MLA EXPENSE CLAIM

LEGISLATIVE ASSEMBLY

## LIVING ALLOWANCE

M.L.A. NAME Amande bathlin DATE PREPARED Nov 3/17

FOR THE CONSTITUENCY OF The Pas

NOV 03 2017

### Authorized Temporary Residence Expenses

| Date (M/D)     | VENDOR | DESCRIPTION OF PURCHASE | For the month of _____ | For the month of _____ | For the month of _____ |
|----------------|--------|-------------------------|------------------------|------------------------|------------------------|
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         | \$                     | \$                     | \$                     |
| <b>Totals:</b> |        |                         |                        | \$                     |                        |

### Authorized Living Expenses

| Date (M/D)                    | VENDOR | DESCRIPTION OF PURCHASE | For the month of <u>Oct</u> | For the month of <u>Nov</u> | For the month of _____ |
|-------------------------------|--------|-------------------------|-----------------------------|-----------------------------|------------------------|
| * 10/30                       |        | Dinner                  | * <del>x 16.70</del>        | *                           |                        |
| 10/31                         |        | B/L/D                   | x 34.40                     |                             |                        |
| 11/01-11/03                   |        | B/L/D @ 34.40 x 3 =     |                             | x 103.20                    |                        |
| 11/04                         |        | B/L 7.85 + 9.85 =       |                             | x 17.70                     |                        |
|                               |        |                         |                             |                             |                        |
|                               |        |                         |                             |                             |                        |
|                               |        |                         |                             |                             |                        |
|                               |        |                         |                             |                             |                        |
| * claimed on Travel Allowance |        |                         | \$ 34.40                    | \$ 120.90                   | \$                     |
| <b>Totals:</b>                |        |                         |                             | \$ 155.30                   |                        |

|                               |                  |
|-------------------------------|------------------|
| Total Residence Expenses      | \$               |
| Total Living Expenses         | \$ 155.30        |
| <b>TOTAL EXPENSES CLAIMED</b> | <b>\$ 155.30</b> |





# MLA EXPENSE CLAIM

## LIVING ALLOWANCE

LEGISLATIVE  
ASSEMBLY

M.L.A. NAME Amanda Lathlin

DATE PREPARED

*Nov. 24/17*  
**NOV 24 2017**

FOR THE CONSTITUENCY OF The Pas

*Authorized Temporary Residence Expenses*

| Date (M/D)     | VENDOR | DESCRIPTION OF PURCHASE | For the month of _____ | For the month of _____ | For the month of _____ |
|----------------|--------|-------------------------|------------------------|------------------------|------------------------|
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         | \$                     | \$                     | \$                     |
| <b>Totals:</b> |        |                         |                        | \$                     |                        |

*Authorized Living Expenses*

| Date (M/D)           | VENDOR       | DESCRIPTION OF PURCHASE    | For the month of <u>Nov.</u> | For the month of _____ | For the month of _____ |
|----------------------|--------------|----------------------------|------------------------------|------------------------|------------------------|
| <i>11/20 - 11/23</i> | <i>Meals</i> | <i>B/L/D @ 34.40 x 3 =</i> | <i>103.20</i>                |                        |                        |
| <i>11/24</i>         |              | <i>B/L 7.85 + 9.85 =</i>   | <i>17.70</i>                 |                        |                        |
|                      |              |                            |                              |                        |                        |
|                      |              |                            |                              |                        |                        |
|                      |              |                            |                              |                        |                        |
|                      |              |                            |                              |                        |                        |
|                      |              |                            |                              |                        |                        |
|                      |              |                            | \$ <i>120.90</i>             | \$                     | \$                     |
| <b>Totals:</b>       |              |                            |                              | \$ <i>120.90</i>       |                        |

|                               |                  |
|-------------------------------|------------------|
| Total Residence Expenses      | \$               |
| Total Living Expenses         | \$ <i>120.90</i> |
| <b>TOTAL EXPENSES CLAIMED</b> | \$ <i>120.90</i> |





# MLA EXPENSE CLAIM

## LIVING ALLOWANCE

M.L.A. NAME Amanda Lathlin DATE PREPARED December 1, 2017

FOR THE CONSTITUENCY OF The Pas

### Authorized Temporary Residence Expenses

| Date (M/D)     | VENDOR                    | DESCRIPTION OF PURCHASE | For the month of <u>Dec</u> | For the month of _____ | For the month of _____ |
|----------------|---------------------------|-------------------------|-----------------------------|------------------------|------------------------|
| 12/1           | GLOBE PROPERTY MANAGEMENT | December Rent           | \$1,255.00                  |                        |                        |
|                |                           |                         |                             |                        |                        |
|                | PAY DIRECT                |                         |                             |                        |                        |
|                |                           |                         |                             |                        |                        |
|                |                           |                         | \$ 1,255.00                 | \$                     | \$                     |
| <b>Totals:</b> |                           |                         |                             | \$                     | 1,255.00               |

### Authorized Living Expenses

| Date (M/D)     | VENDOR | DESCRIPTION OF PURCHASE | For the month of _____ | For the month of _____ | For the month of _____ |
|----------------|--------|-------------------------|------------------------|------------------------|------------------------|
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         |                        |                        |                        |
|                |        |                         | \$                     | \$                     | \$                     |
| <b>Totals:</b> |        |                         |                        | \$                     |                        |

|                               |                    |
|-------------------------------|--------------------|
| Total Residence Expenses      | \$ 1,255.00        |
| Total Living Expenses         | \$                 |
| <b>TOTAL EXPENSES CLAIMED</b> | <b>\$ 1,255.00</b> |