

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME			Shannon Martin						DATE PF	REPARED	August 4, 2015				
FOR	THE	CONST	TITUENC	YOF _		Expenses AUG - 4 2015									
	Week of July 1			Week	Week of July 6			Week of July 13			Week of July 20 We			eek of July 27	
	D	Date Trip		Dat	Date		Date	Date		Date	Date Trip		Date	Trip	
М		2007 V 3250-200 A - FE-100 A		1		1.00			1.00						
Т		1.00							1.00						
W			1.00						* * * * * *		Trib to the destroice		5),D	Š	
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S									Ment elsos				:		
S				Transport of the	202000000000						122				
	Total	Trips	2.00	Total 1	rips	2.00	at the	Total Trips 2.00		Total Trip	Ś	Tota	al Trips	·	
Total Trips 6.00 x \$ 9 · 20										\$ 5	55.20				
Authorized Contingency Stay Expenses															
Date (M/D)		Break	MEALS F TWO MEALS Lunch		(Y) Dinner	Accommodations						Incidental Allowance			
V. 1912-1911															
				8											
		\$ \$			\$		7				\$		\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.									Total Contingency Stay Expenses				\$		
THE REASON FOR THE STAY								Total Commuter Expenses				\$ 55.20			
									TOTAL				\$ 55	. 20	