



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED December 1, 2015

FOR THE CONSTITUENCY OF Morris **DEC - 2 2015**
Authorized Commuting Expenses

	Week of <u>Nov 2</u>		Week of <u>Nov 9</u>		Week of <u>Nov 16</u>		Week of <u>Nov 23</u>		Week of <u>Nov 30</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M		1.00		1.00		1.00		1.00		1.00
T		1.00		1.00		1.00		1.00		
W		1.00				1.00		1.00		
T		1.00				1.00		1.00		
F		1.00				1.00		1.00		
S										
S										
	Total Trips	5.00	Total Trips	2.00	Total Trips	5.00	Total Trips	5.00	Total Trips	1.00

OFFICE USE ONLY
Total Trips <u>7.00</u> x \$ <u>9.20</u> <u>1</u> x <u>9.20</u> TOTAL COMMUTING EXPENSES
<u>156.40</u> <u>\$ 9.20</u>

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.

THE REASON FOR THE STAY _____

Total Contingency Stay Expenses	\$
Total Commuter Expenses	\$ <u>165.60</u>
TOTAL	\$ <u>165.60</u>