



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED February 1, 2016

FOR THE CONSTITUENCY OF Morris **FEB - 1 2016**
Authorized Commuting Expenses

	Week of <u>Jan 1</u>		Week of <u>Jan 4</u>		Week of <u>Jan 11</u>		Week of <u>Jan 18</u>		Week of <u>Jan 25</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M				1.00		1.00		1.00		1.00
T				1.00		1.00		1.00		1.00
W										
T										
F										
S										
S										
	Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
			2.00		2.00		2.00		2.00	

OFFICE USE ONLY

Total Trips 8.00 x \$ 9.20

TOTAL COMMUTING EXPENSES

\$ 73.60

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.

THE REASON FOR THE STAY _____

Total Contingency Stay Expenses	\$
Total Commuter Expenses	\$ <u>73.60</u>
TOTAL	\$ <u>73.60</u>