



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED June 9, 2015

FOR THE CONSTITUENCY OF Morris **JUN - 9 2015**
Authorized Commuting Expenses

Week of <u>04/27</u> <u>May 1</u>		Week of <u>May 4</u>		Week of <u>May 11</u>		Week of <u>May 18</u>		Week of <u>May 25</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		1.00	
T			1.00		1.00		1.00		1.00	
F			1.00						1.00	
S										
S										
Total Trips		1.00	Total Trips	5.00	Total Trips	4.00	Total Trips	4.00	Total Trips	5.00

OFFICE USE ONLY

<p style="margin: 0;">Total Trips <u>14</u> 49.00 x \$ <u>19.20</u></p> <p style="margin: 0;"> <u>5</u> x 9.20</p> <p style="margin: 0;">TOTAL COMMUTING EXPENSES</p>	<p style="margin: 0;">128.80</p> <p style="margin: 0;">\$ 46.00</p>
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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	\$ 128.80 46.00
GRAND TOTAL	\$ 174.80