

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME			Shannon Martin						DATE P	March 3, 2016					
FOF	R THE C	ONST	ITUENC	YOF _			rris norized Comn	nuting i	Expenses			MAR	0 4 20	116	
	Week	of F	eb 1	Week of Feb 8		eb 8	Week of _		eb 15	Week of	Feb 22	We	Week of Feb 29		
	Dat	te	Trip	Date	е	Trip	Dat	Date	Trip	Date	Trip		Date	Trip	
М			1.00		123	1.00		25	1.00		1.00		-0.03	1.00	
T			1.00			1.00			1.00		1.00	20.000			
W						8					1.00				
T					5				P. 1000	***	1.00				
F.						272572	1 1000			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.00				
S															
S									* 4					5 (5)	
•	Total 1	rips	2.00	Total T	nps	2.00	Total T	rips	2.00	Total Trips	5.00	Tot	al Trips	1.00	
		,			757	Authori	TO			× • 9. 20 G EXPENSES		\$	9.2	0	
	ate I/D)	(/ Breakfa	MAXIMUM OF	MEALS TWO MEALS PER STAY) Lunch Dinner			Accommodations				•		Incidental Allowance		
					500000000000000000000000000000000000000					*	-				
			\$				······································		# 5775.8						
		\$		8	\$				T		\$	š	\$		
	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.								Total Contingency Stay Expenses				\$	qt-	
THE REASON FOR THE STAY									Total Commuter Expenses				\$110.40		
									TOTAL				\$110.40		