Fiscal Year 2015-2016

MLA EXPENSE CLAIM COMMUTER ALLOWANCE

M.L.A.'s NAME			Shannon Martin						_ DATE PREPARED _		May 4, 2015			
FOR	R THE CO	ONST	ITUENCY	/ OF _		Moi Auth	ris orized Commutir	ng Expenses				MAY	- 5 201	
	Week	of	April 1	Week of Ap		April 6	Week of _	Week of April 13		Week of April 20		Week of April 27		
	Date	9	Trip	Date		Trip	Date	Trip	Date	Ţrip	Date		Trip	
М								1.00		1.00				
T	R									1.00				
W								1.00				-	1.00	
T			1.00			1.00							1.00	
F			200			1.00				i i				
S														
S											0.707	*		
	Total T	rips	1.00	Total Tr	ips	2.00	Total Trips	2.00	Total Trip	s 2.00	Tot	al Trips	2.00	
Total Trips $\frac{7.00}{2 \times 9.20}$ x \$ $\frac{9.20}{20}$ TOTAL COMMUTING EXPENSES Authorized Contingency Stay Expenses										3	64.40 \$ 18.40			
Da	ate –	(TEALS TWO MEALS PER STAY)			Accommodations					Incidental Allowance		
(M	/D)	Breakfast		unch D		inner				1		Allowance		
							28. VIII 231	<u>3</u> 9	To:				3 3 AMOUNT	
						in the second								
		\$ \$		\$						\$		\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN								Total Contingency Stay Expenses				\$		
Total Commuter Expenses										\$ 64.40				
								GRF TOTAL	- QN			\$ 82	.80	