MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME _____ Shannon Martin ____ DATE PREPARED ____ August 9, 2016

FOR	THE	CONST	TUEN	CY OF _		Mor Auth		ommuting	Expenses		AUG	09	2016			
	Week of July 1			Week	Week of July 4			Week of July 11			Week of July 18			Week of July 25		
	D	Date Trip		Date		Trip		Date	Trip	Date	Trip	Trip		Trip		
M								1	1.00		1.00					
Т					20 200	1.00		*0500	1.00		1.00					
W						1.00						ļ.,				
T									- 50					:#9544		
F								-7.								
S																
S	Total	Trina			3645 U	A contractor	Tot	al Trips	CONTRACTOR	Total Trips	0.0000000000000000000000000000000000000	Tota	al Trine			
	Total	otal Trips		Total T	iha	2.00	26 4		2.00	Total Imps	2.00	Total Trips		E 31		
OFFICE USE ONLY Total Trips 6.00 TOTAL COMMUTING E										\$ ~			54.	54.00		
Authorized Contingency Stay Expenses																
Date (M/D)			(MAXIMUM	MEALS OF TWO MEALS	VIEALS TWO MEALS PER STAY)			Accommodations Incidental Allowance								
		Breakfast		Lunch	Lunch [Allowalloo				
					2000				*				379.0			
												A.V. a.c.a				
		\$	\$		\$						\$		\$			
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY. THE REASON FOR THE STAY								E IN	Total Contingency Stay Expenses				\$			
									Total Commuter Expenses TOTAL					4.00		
													\$ 5°	4.00 - 4. 05		
											***************************************	1000				