



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED February 2, 2017

FOR THE CONSTITUENCY OF Morris

Authorized Commuting Expenses

FEB 03 2017

	Week of <u>JAN 2</u> Feb 2		Week of <u>JAN 9</u> Feb 9		Week of <u>JAN 16</u> Feb 16		Week of <u>JAN 23</u> Feb 23		Week of <u>JAN 30</u> Feb 30	
	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		1.00
W										
T										
F										
S										
S										
	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00

OFFICE USE ONLY

Total Trips 10.00 x \$ 9.00

TOTAL COMMUTING EXPENSES

\$ 90.00

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	\$ <u>90.00</u>
TOTAL	\$ <u>90.00</u>