

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED July 8, 2016

FOR	THE C	CONSTIT M.F	FUENCY AY 30	OF		Morri Author	S rized Commutin	g Expenses	×	J	JUL 0 8 2	016	
	Weel	Week of June-1-		Week of June 6			Week of June 13		Week of June 20		Week of June 27		
	Da	ate	Trip	Date		Trip	Date	Trip	Date	Trip	Date	Trip	
М	7.5 60.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7	-	·····			1.00	,	1,00		1.00		1.00	
T			- 30			1.00		1.00		1.00	4.0	1.00	
W			1.00			1.00		1.00		1.00		1.00	
T			1.00			1.00		1.00	2	1.00		1.00	
F			1.00			1.00		1.00		1.00		1.00	
S													
S	2760					, , ,							
	Total	Trips	3.00	Total Tri	ps	5.00	Total Trips	5.00	Total Trips	5.00	Total Trips	5.00	
				WEALS		Authorize	Total T	COMMUTING	x \$x SEXPENSES	00_	\$ 20	700	
Date (M/D)		(MAXIMUM OF		TWO MEALS PER STA		nner		Accomr	odations		Incidental Allowance		
		\$	\$		\$					\$	\$		
	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY. THE REASON FOR THE STAY								Total Contingency Stay Expense Total Commuter Expenses TOTAL			\$ 207.00 \$ -4.05	