



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED June 3, 2016

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

JUN 09 2016

	Week of <u>May 2</u>		Week of <u>May 9</u>		Week of <u>May 16</u>		Week of <u>May 23</u>		Week of <u>May 30</u>	
	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						1.00		1.00		
T						1.00		1.00		
F						1.00		1.00		
S										
S										
	Total Trips	2.00	Total Trips	2.00	Total Trips	5.00	Total Trips	5.00	Total Trips	2.00

OFFICE USE ONLY	
Total Trips <u>16.00</u> x \$ <u>9.00</u>	\$ <u>144.00</u>
TOTAL COMMUTING EXPENSES	

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>144.00</u>
TOTAL	\$ <u>144.00</u> 4.05