

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED May 5, 2016

FOR THE CONSTITUENCY OF Morris Authorized Commuting Expenses MAY 0 5 2016															
	Week	of Ar	oril 1	Week of April 4			٧	leek of _A	pril 11	Week of April 18			Week of April 25		
	Dat	е	Trip	Date	•	Trip		Date	Trip	Date	Trip		Date	Trip	
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W	ļ					· · · · · · · · ·								1.00	
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	Total T		.,	Total T	rips		1.1	otal Trips		Total Trip	2.00	lota	al Trips	2.00	
Total Trips 4.00 x \$ 9.00 \$ TOTAL COMMUTING EXPENSES											\$	36.00			
Authorized Contingency Stay Expenses															
D	ate –	MAVIMUMOE			VIEALS TWO MEALS PER STAY)			Accommodations					Incidental		
	I/D)	Breakfast		_unch	Dinner		, icocimiodaliono					Allowance			
								-							
		23152023 23													
	ě	\$ \$		\$						\$		8	\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY. THE REASON FOR THE STAY								RE IN	Total Contingency Stay Expenses Total Commuter Expenses				\$		
													\$ 36.00		
									TOTAL			59	\$ 36.00 \$ 36.00		