



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED October 4, 2016

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

OCT 07 2016

	Week of <u>Sept 1</u>		Week of <u>Sept 5</u>		Week of <u>Sept 12</u>		Week of <u>Sept 19</u>		Week of <u>Sept 26</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M						1.00		1.00		1.00
T				1.00		1.00		1.00		1.00
W				1.00						
T										
F										
S										
S										
	Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
			2.00		2.00		2.00		2.00	

OFFICE USE ONLY
Total Trips <u>8.00</u> x \$ <u>9.00</u>
TOTAL COMMUTING EXPENSES \$ <u>72.00</u>

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>72.00</u>
TOTAL	\$ <u>72.00</u> 4.05