

## **MLA EXPENSE CLAIM**

## **COMMUTER ALLOWANCE**

M.L.A.'s NAME			Shannon Martin					DATE PR	August 1, 2017				
FOR	THE CON	STITUENC	Y OF _		Mor Autho	ris orized Commutir	ng E	xpenses		AU	IG 1	5 2017	
	Week of _	Week	ofJ	Week of July 17			Week of _	Week of July 31					
	Date	Date Trip		Date		Date		Trip	Date	Trip	Trip		Trip
М		1.00						1.00		1.00			
Т		1.00						1.00					
W										1.00			
Т					1.00								
F					1.00								
S													
S	Total Trips	0.00	Total T	rips	2.00	Total Trips	-	2.00	Total Trips	2.00	Tota	al Trips	
	Total Impo	2.00		Total Tipo		OFFICE	- 500			2.00			
				400000000000000000000000000000000000000	otal Trips <u>8.00</u> x \$ <u>9.0</u>			00		_			
							TOTAL COMMUTING EXPENSES			\$		72.00	
					Authoria	red Contingency							
					Authoriz		———	<i></i>			71		
D	ate	(MAXIMUM C	MEALS OF TWO MEALS	PER STA	4 <i>Y</i> )	Accommodations						Incidental	
		akfast	Lunch	Dinner						Allowance			
						-1.7							
	\$	\$ \$		\$						\$		\$	
	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  TOTAL				\$	
												\$ 72	2.00
												\$ 72	<b>4.05</b>