



**MLA EXPENSE CLAIM**  
**COMMUTER ALLOWANCE**

M.L.A.'s NAME Shannon Martin DATE PREPARED June 2, 2017

FOR THE CONSTITUENCY OF Morris  
*Authorized Commuting Expenses*

**JUN 02 2017**

	Week of <u>May 1</u>		Week of <u>May 8</u>		Week of <u>May 15</u>		Week of <u>May 22</u>		Week of <u>May 29</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M		1.00		1.00		1.00				1.00
T		1.00		1.00		1.00		1.00		1.00
W		1.00		1.00		1.00		1.00		1.00
T		1.00		1.00		1.00		1.00		
F		1.00		1.00		1.00		1.00		
S										
S										
	Total Trips	5.00	Total Trips	5.00	Total Trips	5.00	Total Trips	4.00	Total Trips	3.00

OFFICE USE ONLY

Total Trips 22.00 x \$ 9.00

**TOTAL COMMUTING EXPENSES** \$ **198.00**

*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	\$ <b>198.00</b>
<b>TOTAL</b>	\$ <b>198.00</b>