



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED March 2, 2018

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

MAR 02 2018

	Week of <u>Feb 1</u>		Week of <u>Feb 5</u>		Week of <u>Feb 12</u>		Week of <u>Feb 19</u>		Week of <u>Feb 26</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
W										
T										
F										
S										
S										
	Total Trips		Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00

OFFICE USE ONLY

Total Trips 8.00 x \$ 9.00

TOTAL COMMUTING EXPENSES \$ 72.00

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