

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME _____ Shannon Martin ____ DATE PREPARED _____ May 9, 2017

FOR	FOR THE CONSTITUENCY OF Morris Authorized Commuting Expenses													2017
	Week of April 3			Week of April 10			Week of April 17			Week of April 24		We	Week of	
	Date		ip	Date		Trip		Date	Trip	Date	Trip		Date	Trip
М		1.0	00			1.00			1.00		1.00			
Т		1.0	00			1.00			1.00		1.00			
W		1.00 1.00		1.00			1.00		1.00					
T		1.0	00		1.00				1.00		1.00			.21
F		1.	00			1.00			1.00		1.00			
S														
S	Total Tri	28 5	00	Total Tri	ns	5.00	Tot	al Trips	5.00	Total Trips	5.00	Tota	al Trips	
	Total Trips 20.00 x \$ 9.00 \$ TOTAL COMMUTING EXPENSES Authorized Contingency Stay Expenses												180.00	
	Pate ///	(MAXIMUM OF			MEALS TWO MEALS PER STAY) Lunch Dinner			A coommodations						idental owance
	\$	\$ \$		\$						\$			\$	
	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN Total Contingency Stay Expenses												\$	
Total Commuter Exp								enses		\$ 18	80.00			
									TOTAL	TOTAL				- 4.05 -