



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED September 10, 2017

FOR THE CONSTITUENCY OF Morris  
*Authorized Commuting Expenses*

SEP 11 2017

	Week of <u>Aug-1</u>		Week of <u>Aug 7</u>		Week of <u>Aug 14</u>		Week of <u>Aug 21</u>		Week of <u>Aug 28</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		1.00
W		1.00		1.00						
T										
F										
S										
S										
	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00

OFFICE USE ONLY Total Trips <u>10.00</u> x \$ <u>9.00</u> <b>TOTAL COMMUTING EXPENSES</b>	<b>\$ 90.00</b>
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*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 \_\_\_\_\_

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuter Expenses</b>	\$ <u>90.00</u>
<b>TOTAL</b>	\$ <u>90.00</u>