

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME _____ Shannon Martin ____ DATE PREPARED ____ December 4, 2018

FOR	THE CO			Y OF	Mo Auth	rris norized Commu	iting E	kpenses		DE	EC 0	4 2018	3	
	Week of Nov-1				Nov 5	Week o	Week of Nov 12			Week of Nov 19		Week of Nov 26		
	Date	T	Trip	Date	Trip	Date	T	Trip	Date	Trip		Date	Trip	
M					1.00			1.00	48	1.00			1.00	
T					1.00			1.00		1.00			1.00	
W				1	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													2	
	Total T	rips	2.00	Total Trip	os 5.00	Total Tri	ps	2.00	Total Trips	5.00	Tota	al Trips	5.00	
			MAXIMUM OF	MEALS TWO MEALS PE		TOT.		y Expense		.		174·	idental	
	ate – //D)	Breakfast		Lunch	Dinner		Accommodations				Allowance			
		\$			\$				\$			\$		
	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM A							Total C	ontingency Stay Expenses			\$		
THE REASON FOR THE STAY								Total Commuter Expenses				\$ /	74.80	
								TOTAL				\$ /7	74.80 14.80	