



MLA EXPENSE CLAIM
COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED January 7, 2019

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

JAN 07 2019

	Week of <u>Dec 3</u>		Week of <u>Dec 10</u>		Week of <u>Dec 17</u>		Week of <u>Dec 24</u>		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M		1.00		1.00		1.00				
T		1.00		1.00		1.00				
W		1.00								
T		1.00						1.00		
F		1.00						1.00		
S										
S										
	Total Trips	5.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	

OFFICE USE ONLY	
Total Trips <u>11.00</u> x \$ <u>9.20</u>	
TOTAL COMMUTING EXPENSES	\$ 101.20

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			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	\$ 101.20
TOTAL	\$ 101.20