

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

Shannon Martin DATE PREPARED July 3, 2018

M.L.	A.'s NAME	Shannon Martin					DATE PREPARED			July 3, 2018 JUL - 3 2018			
FOR	THE CONS	STITUENC	Y OF		Morri	S rized Commuting	Fynenses			JUI	3	2018	
		MAY 28			Author	nzeu Communing		_					
	Week of _	Week o	f June	4	Week of _J	une 11	Week of _	We	Week of June 25				
	Date	Trip	Date	te Trip		Date	Trip	Date	Trip		Date	Trip	
М					1.00		1.00		1.00				
Т					1.00		1.00		1.00				
W					1.00		1.00		1.00				
Т				1.00			1.00		1.00			1.00	
F		1.00			1.00		1.00		1.00			1.00	
S													
S	Total Trips	4.00	Total Tri	ps	<i>5.00</i>	Total Trips	5.00	Total Trips	s 5.00	Tota	al Trips	2.00	
	Total Trips 1.00			,	5.00		400.000		5.00			2.00	
Total Trips 18.00 x \$ 9.20													
										\$ 165.60			
						TOTAL C	TAL COMMUTING EXPENSES						
				,	Authorize	ed Contingency St	ay Expenses	s					
	MEALS (MAXIMUM OF TWO MEALS PER STAY)						A common dell'erro				Incidental		
	ate Brea			unch Dinner		- Accommodations						Allowance	
(***	-,												
	\$	\$ \$		\$					\$		\$		
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 TOTAL				\$		
											\$ 165.60		
											\$ 165.60		