



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED March 12, 2019

FOR THE CONSTITUENCY OF Morris  
*Authorized Commuting Expenses*

MAR 12 2019

	Week of <u>Feb 1</u>		Week of <u>Feb 4</u>		Week of <u>Feb 11</u>		Week of <u>Feb 18</u>		Week of <u>Feb 25</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M				1.00		1.00		1.00		1.00
T				1.00		1.00		1.00		1.00
W										
T										
F										
S										
S										
	Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
			2.00		2.00		2.00		2.00	

OFFICE USE ONLY Total Trips <u>8.00</u> x \$ <u>9.20</u> <b>TOTAL COMMUTING EXPENSES</b>	<b>\$ 7360</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 \_\_\_\_\_

Total Contingency Stay Expenses	\$ <u>—</u>
Total Commuter Expenses	\$ <u>7360</u>
<b>TOTAL</b>	<b>\$ <u>7360</u></b>