



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED July 11, 2019

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

JUL 11 2019

	Week of <u>June 1</u>		Week of <u>June 3</u>		Week of <u>June 10</u>		Week of <u>June 17</u>		Week of <u>June 24</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				1.00						
T										
F										
S										
S										
	Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
			3.00		2.00		2.00		2.00	

OFFICE USE ONLY

Total Trips 9.00 x \$ 9.80

TOTAL COMMUTING EXPENSES \$ **88.20**

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	\$
Total Commuter Expenses	\$ 88.20
TOTAL	\$ 4.05 88.20