



**Fiscal Year  
2018-2019**

**MLA EXPENSE CLAIM  
COMMUTER ALLOWANCE**

LEGISLATIVE  
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED June 3, 2019

FOR THE CONSTITUENCY OF Morris  
*Authorized Commuting Expenses*

**JUN 03 2019**

	Week of <u>March 1</u>		Week of <u>March 4</u>		Week of <u>March 11</u>		Week of <u>March 18</u>		Week of <u>March 25</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M				1.00		1.00		1.00		1.00
T		<del>1.00</del>		1.00		1.00		1.00		1.00
W		<del>1.00</del>		1.00		1.00		1.00		1.00
T		<del>1.00</del>		1.00		1.00		1.00		1.00
F		<del>1.00</del>		1.00		1.00		1.00		1.00
S										
S										
	Total Trips	<del>4.00</del>	Total Trips	5.00	Total Trips	5.00	Total Trips	5.00	Total Trips	5.00

OFFICE USE ONLY

Total Trips 20.00 x \$ 9.20

**TOTAL COMMUTING EXPENSES** \$ **184.00**

*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	\$ <u>—</u>
Total Commuter Expenses	\$ <b>184.00</b>
<b>TOTAL</b>	\$ <b>184.00</b>



**Fiscal Year  
2019-2020**

**MLA EXPENSE CLAIM  
COMMUTER ALLOWANCE**

LEGISLATIVE  
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED June 3, 2019

FOR THE CONSTITUENCY OF Morris  
*Authorized Commuting Expenses*

JUN 03 2019

APR 29

	Week of <u>May 1</u>		Week of <u>May 6</u>		Week of <u>May 13</u>		Week of <u>May 20</u>		Week of <u>May 27</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M				1.00		1.00				1.00
T				1.00		1.00		1.00		1.00
W		1.00		1.00		1.00		1.00		1.00
T		1.00		1.00		1.00		1.00		1.00
F		1.00		1.00		1.00		1.00		1.00
S										
S										
	Total Trips	3.00	Total Trips	5.00	Total Trips	5.00	Total Trips	4.00	Total Trips	5.00

OFFICE USE ONLY	
Total Trips <u>22.00</u> x \$ <u>9.80</u>	\$ <u>215.60</u>
<b>TOTAL COMMUTING EXPENSES</b>	

*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>215.60</u>
<b>TOTAL</b>	\$ <u>215.60</u>