

## MLA EXPENSE CLAIM CONSTITUENCY ALLOWANCE

| M.L.A.'s NAME        |                        | Christine Melnick                        |                                | _ DATE PREPARED _             |                       | February 4, 2016    |                |
|----------------------|------------------------|--|--------------------------------|-------------------------------|-----------------------|---------------------|----------------|
| FOR THE CONSTITUENCY |                        | OF Riel                                  |                                | *                             |                       | F                   | FEB - 9 2016   |
| Date<br>(M/D)        | Vendor                 | Description of Purchase/Purpos           | 3 <b>9</b>                     |                               | Office<br>Space       | Office<br>Operation | Representation |
| .12/31               | Insurance Renev        | wal for Constituency Office              |                                |                               |                       |                     |                |
|                      | Account number 1268580 |  |                                |                               |                       |                     |                |
| *                    | Policy Number C        | CP682026                                 |                                |                               | \$0<br>\$10           |                     |                |
|                      | Pay Direct- Due        | Feb. 15, 2016                            |                                | - F                           | -6491.40-             | 491.40              |                |
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|                      |                        | ÷ 1                                      |                                |                               |                       |                     |                |
|                      | 3 A                    | S  | ****                           |                               |                       |                     |                |
| J                    |                        |  | SUB -T                         | OTALS:                        | <del>- \$491.40</del> | 491.40              | *              |
| *                    | •                      |  |                                | TOTAL AMOUNT OF EXPENSES \$49 |                       |                     | \$491.40       |