



Fiscal Year
2023-2024

MLA EXPENSE CLAIM

LEGISLATIVE
ASSEMBLY

COMMUTER ALLOWANCE

M.L.A. NAME Ron Schuler DATE PREPARED March 31, 2024

FOR THE CONSTITUENCY OF Springfield-Ritchot

APR 02 2024

Authorized Commuting Expenses

	Week of <u>19-02-24</u>		Week of <u>26-02-29</u>		Week of <u>04-03-23</u>		Week of <u>11-03-27</u>		Week of <u>18-03-27</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	19-02	-	26-02	1	04-03	1	11-03	1	18-03	1
T	20-02	-	27-02	1	05-03	1	12-03	1	19-03	1
W	21-02	-	28-02	-	06-03	1	13-03	1	20-03	1
T	22-02	-	29-02	-	07-03	1	14-03	1	21-03	1
F	23-02	1	01-03	-	08-03	1	15-03	1	22-03	1
S	24-02	1	02-03	-	09-03	1	16-03	1	23-03	1
S	25-02	-	03-03	-	10-03	-	17-03	-	24-03	-
	Total Trips	2	Total Trips	2	Total Trips	6	Total Trips	6	Total Trips	6

OFFICE USE ONLY
Total Trips <u>22</u> x \$ <u>5.20</u> ^{5.90}
TOTAL COMMUTING EXPENSES \$114.40 <u>129.80</u>

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.

REASON FOR STAY: Legislative business
Constituency business

Total Contingency Stay Expenses	<u>—</u>
Total Commuting Expenses	<u>129.80</u>
TOTAL EXPENSES CLAIMED	\$114.40 <u>129.80</u>



Fiscal Year
2023-2024

MLA EXPENSE CLAIM

LEGISLATIVE
ASSEMBLY

COMMUTER ALLOWANCE

M.L.A. NAME Row Schuler DATE PREPARED March 31, 2024

FOR THE CONSTITUENCY OF Springfield-Ritchot

APR 02 2024

Authorized Commuting Expenses

	Week of <u>25-03-23</u>		Week of _____		Week of _____		Week of _____		Week of _____	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	<u>25-03</u>	<u>1</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
T	<u>26-03</u>	<u>1</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
W	<u>27-03</u>	<u>-</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
T	<u>28-03</u>	<u>-</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
F	<u>29-03</u>	<u>-</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
S	<u>30-03</u>	<u>-</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
S	<u>31-03</u>	<u>-</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
	Total Trips	<u>2</u>	Total Trips		Total Trips		Total Trips		Total Trips	

OFFICE USE ONLY
Total Trips <u>2</u> x \$ <u>5.20</u> ^{5.40}
TOTAL COMMUTING EXPENSES <u>\$10.40</u> ^{11.80}

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.

REASON FOR STAY: Legislative business
Constituency business

Total Contingency Stay Expenses	
Total Commuting Expenses	<u>11.80</u>
TOTAL EXPENSES CLAIMED	<u>\$10.40</u> ^{11.80}