



# MLA EXPENSE CLAIM

LEGISLATIVE  
ASSEMBLY

## COMMUTER ALLOWANCE

M.L.A. NAME Dr. Alan Lagimodiere DATE PREPARED July 6, 2017

FOR THE CONSTITUENCY OF Selkirk

**JUL 14 2017**

### Authorized Commuting Expenses

	Week of <u>May 2-7</u>		Week of <u>May 8-14</u>		Week of <u>May 15-21</u>		Week of <u>May 22-28</u>		Week of <u>May 29-31</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M	5/2	1.00	8	1.00	15	1.00	22	1.00	29	1.00
T	5/7	1.00	9	1.00	16	1.00	23	1.00	30	1.00
W			10	1.00	17	1.00	24	1.00	31	1.00
T			11	1.00	18	1.00	25	1.00		
F			12	1.00	19	1.00	26	1.00		
S			13	1.00	20	1.00	27	1.00		
S			14		21		28			
	Total Trips	2.00	Total Trips	6.00	Total Trips	6.00	Total Trips	6.00	Total Trips	3.00

OFFICE USE ONLY	
Total Trips	$20 \times 27.90$ $23.00 \times \$$
<b>TOTAL COMMUTING EXPENSES</b>	<b>\$ 83.70</b>

### 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

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <b>558.00</b> <b>83.70</b>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <b>641.70</b>



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**Authorized Commuting Expenses**

	Week of <u>June 1-4</u>		Week of <u>June 5-11</u>		Week of <u>Jun 12-18</u>		Week of <u>Jun 19-25</u>		Week of <u>Jun 26-30</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M			5		12		19	1.00	26	1.00
T			6	1.00	13		20		27	
W			7	1.00	14		21		28	1.00
T	1	1.00	8		15	1.00	22		29	
F	2	1.00	9		16	1.00	23		30	
S	3	1.00	10		17		24	1.00		
S	4		11		18		25			
	Total Trips	3.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00

OFFICE USE ONLY Total Trips <u>11.00</u> x \$ <u>27.90</u> <b>TOTAL COMMUTING EXPENSES</b>	<span style="color: red; font-size: 1.2em;">251.10</span> <span style="color: red; font-size: 1.2em;">\$ 55.80</span>
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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.

REASON FOR STAY: Legislative business

Constituency business

<b>Total Contingency Stay Expenses</b>	\$
<b>Total Commuting Expenses</b>	\$ <span style="color: red;">251.10</span> <span style="color: red;">55.80</span>
<b>TOTAL EXPENSES CLAIMED</b>	\$ <span style="color: red;">306.90</span>