



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED November 4, 2015

FOR THE CONSTITUENCY OF Morris NOV - 4 2015
Authorized Commuting Expenses

	Week of <u>Oct 1</u>		Week of <u>Oct 5</u>		Week of <u>Oct 12</u>		Week of <u>Oct 19</u>		Week of <u>Oct 26</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		1.00
T								1.00		1.00
F		1.00						1.00		1.00
S										
S										
	Total Trips <u>1.00*</u>		Total Trips <u>2.00</u>		Total Trips <u>2.00</u>		Total Trips <u>5.00</u>		Total Trips <u>5.00</u>	

* maximum reached

OFFICE USE ONLY Total Trips <u>14</u> 15.00 x \$ <u>9.20</u> TOTAL COMMUTING EXPENSES	\$ 128.80
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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.

 THE REASON FOR THE STAY _____

Total Contingency Stay Expenses	\$
Total Commuter Expenses	\$ 128.80
TOTAL	\$ 128.80