

## **MLA EXPENSE CLAIM**

## **COMMUTER ALLOWANCE**

M.L.A.'s NAME		Shannon Martin				DATE PF	DATE PREPARED		December 5, 2016			
FOR	THE CON	STITUENCY			rized Commuting			D	EC 0 5	2016		
	Week of	Dec-1—	Week of _	-Dec 7	Week of	Dec-14	Week of		Week c	of Dec 28		
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip		
М		-1.00	Q.	1.00		1.00		1.00		1.00		
Т		<del>-1.00 -</del>		1.00		1.00		1.00		1.00		
W		1.00		1.00				1.00		1.00		
T		1.00		1.00				1.00				
F		-1-00-						1.00				
S												
S	Total Trips	3 <del>-5.00-</del>	Total Trips	4.00	Total Trips	2.00	Total Trips	5.00	Total <b>T</b> ri	ps 3.00		
				Authorize		COMMUTING	O x \$ S S S S S S S S S S S S S S S S S S		\$ /	26.00		
	ate Br	(MAXIMUM OF	MEALS TWO MEALS PER STAY) Lunch Dinner		Accommodations					Incidental Allowance		
<u> </u>	\$	\$ \$		\$		3		\$		\$		
	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.						Total Contingency Stay Expenses					
<u> </u>		ASON FOR THE S	3.5		Total Commuter Expenses			\$	126.00			
						TOTAL	TOTAL			125		