



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED January 6, 2017

FOR THE CONSTITUENCY OF Morris
Nov 28
Authorized Commuting Expenses

JAN 06 2017

	Week of <u>Dec 4</u>		Week of <u>Dec 5</u>		Week of <u>Dec 12</u>		Week of <u>Dec 19</u>		Week of <u>Dec 26</u>	
	Date	Trip	Date	Trip	Date	Trip	Date	Trip	Date	Trip
M						1.00				
T				1.00		1.00				
W				1.00						
T		1.00						1.00		1.00
F		1.00						1.00		1.00
S										
S										
	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00

OFFICE USE ONLY
Total Trips <u>10.00</u> x \$ <u>9.00</u>
TOTAL COMMUTING EXPENSES \$ <u>90.00</u>

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	\$ <u>90.00</u>
TOTAL	\$ <u>90.00</u> 4.06