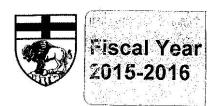
\$ 101.20



MLA EXPENSE CLAIM

M.L.,	A.'s NAME	Shannon Martin				DATE PREPARED		May 5, 2016				
FOR	THE CONS	TITUENCY	/ OF	Morr Autho	is rized Commuting	Expenses			YAM	0 5 20	116	
	Week of March 1		Week of March 7		Week of March 14		Week of March 21		Week of March 28			
	Date	Trip	Date	Trip	Date	Trip	Date	Trip		Date	Trip	
М				1.00		1.00	200 36	¥-4.00	2020		-1:00	
T		1.00		1.00		1.00		1.00				
W		1.00		1.00		60 - 34/36 - \$2000,000,000		1.00				
T		1.00		1.00				1.00				
F	F 1.00			1.00				1.00				
S				*								
S	Total Trips	4.00	Total Trips	5.00	Total Trips	2.00	Total Trips	-5.0 0	Tota	al Trips	4.00	
				Authorize	Total Trips 17.00 x \$ 9.00 \$ TOTAL COMMUTING EXPENSES \$ sed Contingency Stay Expenses				\$ /	101.20		
			MEALS	Authorize	.a contangency c.	ay Expense.						
	ate /D) Breat	(MAXIMUM OF Breakfast L		STAY) Dinner	Accommodations					Incidental Allowance		
				10 E	0-5			2000 P - Ma				
	\$	\$	\$					\$	ĵ	\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN BELATION TO AN OLUEPHICULUS STAY.									s	\$		
Total Commuter Expe								enses		\$101	.20	

TOTAL