



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED March 7, 2017

FOR THE CONSTITUENCY OF Morris MAR 07 2017
Authorized Commuting Expenses

	Week of <u>Feb 1</u>		Week of <u>Feb 6</u>		Week of <u>Feb 13</u>		Week of <u>Feb 20</u>		Week of <u>Feb 27</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		
W										1.00
T										
F										
S										
S										
	Total Trips		Total Trips		Total Trips		Total Trips		Total Trips	
			2.00		2.00		2.00		2.00	

OFFICE USE ONLY Total Trips <u>8.00</u> x \$ <u>9.00</u> TOTAL COMMUTING EXPENSES	\$ <u>72.00</u>
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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	\$ <u>72.00</u>
TOTAL	\$ <u>72.00</u> 4.05