



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED November 9, 2016

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

NOV 09 2016

	Week of <u>Oct 3</u>		Week of <u>Oct 10</u>		Week of <u>Oct 17</u>		Week of <u>Oct 24</u>		Week of <u>Oct 31</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		1.00		1.00		
T		1.00		1.00		1.00		1.00		
F		1.00		1.00		1.00		1.00		
S										
S										
	Total Trips	5.00	Total Trips	4.00	Total Trips	5.00	Total Trips	5.00	Total Trips	1.00

OFFICE USE ONLY	19.00×9.00	
Total Trips	$\frac{20.00}{1.00} \times \$ 9.00$	171.00
TOTAL COMMUTING EXPENSES		\$ 180.00

Authorized Contingency Stay Expenses

Date (M/D)	MEALS (MAXIMUM OF TWO MEALS PER STAY)			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	\$ 180.00
TOTAL	\$ 180.00 -4.05