

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.	A.'s NA	AME _	Shannon Martin [DATE PREPARED		April 11, 2017		
FOR	THE		ITUENCY	77.00		Mori Autho	ris orized Commuting	Expenses		/	APR	1 1 2	017
	Wee	k of M			of Ma	arch 06	Week of March 13		Week of March 20		Week of March 27		
	Date		Trip	Date	e Trip		Date	Trip	Trip Date Trip		С	Date Trip	
м		-				1.00		1.00		1.00			1.00
Т			,			1.00		1.00		1.00			1.00
W			1.00			1.00		1.00					1.00
Т			1.00			1.00		1.00					1.00
F			1.00			1.00		1.00					1.00
S													
S													
	Total Trips		3.00	Total T	rips 5.00		Total Trips	5.00	Total Trips	2.00	Total Trips		5.00
Total Trips 20.00 x \$ 9.00 TOTAL COMMUTING EXPENSES Authorized Contingency Stay Expenses										\$ 180.00			
						Authoriz	ed Contingency S	tay Expense	s				
	ate M/D)	ite		MEALS F TWO MEALS PER		AY) Dinner	Accommodations				Incidental Allowance		
				J									
L		\$ \$		\$								\$	
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN Total Contingency Sta										tay Expens	es	\$	
Total Commuter Expen									enses		\$ /	180.00	
								тота	TOTAL			\$	4:05— 180:00