



# MLA EXPENSE CLAIM

## COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED February 5, 2018

FOR THE CONSTITUENCY OF Morris  
*Authorized Commuting Expenses*

**FEB 05 2018**

	Week of <u>Jan 1</u>		Week of <u>Jan 8</u>		Week of <u>Jan 15</u>		Week of <u>Jan 22</u>		Week of <u>Jan 29</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		1.00
W		1.00								
T										
F										
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 8 x \$ 9.00 = 72.00

~~Total Trips -10.00 x \$ 9.00 = 90.00~~

**TOTAL COMMUTING EXPENSES** 2 x 9.00 = **\$ 18.00**

### 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	\$ <u>90.00</u>
<b>GRAND TOTAL</b>	\$ <u>90.00</u>