

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME _____ Shannon Martin ____ DATE PREPARED ____ January 4, 2018

FOR	THE C			Y OF		Morr Autho	is rized Co	ommuting	Exp	oenses			JAL	V 0 V	4 2018	}
	Week	of I	Vov 27 Dec 1	Week o	Week of Dec 4			eek of	Week of Dec18			Week of Dec 25				
		Date Trip Date			Trip		Date		Trip	Date		Trip		Date	Trip	
м						1.00				1.00			1.00			
T						1.00				1.00			1.00			
W	=					1.00										
Т						1.00										1.00
F		1.00				1.00										1.00
S																
S																
	Total	Trips	1.00	Total Tr	ips	5.00	To	tal Trips		2.00	Total Trips		2.00	Tota	al Trips	2.00
Total Trips 12.00 x \$ 9.00 \$ TOTAL COMMUTING EXPENSES											108.00					
						Authoriz	ed Cont	tingency S	tay	Expenses						
		MEALS (MAXIMUM OF TWO MEALS PER				R STAY)			Accommodations						Incidental	
	ate //D)	Breakfast		Lunch	Dinne	Dinner		Accommodations							Allowance	
		\$ \$			\$			and the second s				\$			\$	
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS								RE IN		Total Contingency S			Expense	es	\$	
TOTAL									mmuter Exp	nmuter Expenses				08.00		
									TOTAL					\$ /	08.00	