



MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

LEGISLATIVE
ASSEMBLY

M.L.A.'s NAME Shannon Martin DATE PREPARED November 1, 2017

FOR THE CONSTITUENCY OF Morris
Authorized Commuting Expenses

NOV 01 2017

	Week of <u>Oct 2</u>		Week of <u>Oct 9</u>		Week of <u>Oct 16</u>		Week of <u>Oct 23</u>		Week of <u>Oct 30</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		1.00				1.00		
T		1.00		1.00				1.00		
F		1.00						1.00		
S										
S										
	Total Trips	5.00	Total Trips	3.00	Total Trips	2.00	Total Trips	5.00	Total Trips	2.00

OFFICE USE ONLY

Total Trips 17.00 x \$ 9.00

TOTAL COMMUTING EXPENSES \$ 153.00

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>153.00</u>
TOTAL	\$ <u>153.00</u>