

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME _____ Shannon Martin ____ DATE PREPARED ____ August 2, 2018

ek ofJ	Trip 1.00 1.00	Week of _	July 9 Trip 1.00 1.00	Week of	July 16 Trip 1.00 1.00	Week of	July 23 Trip	+	ek of	Trip	
Date	1.00	Date	1.00	Date	1.00	Date	Trip		Date		
	100000000000										
	1.00		1.00		1.00					1.00	
										1.00	
			7.1				1.00				
							1.00				
I Trips	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	2.00	Tota	al Trips	2.00	
			Authoriz	TOTAL	COMMUTING	EXPENSES	20_	\$ "	92.00)	
Date			50.00	Accommodations				Incidental Allowance			
(M/D) Breakfast		Lunch Dinner								0.0000000000000000000000000000000000000	
\$ \$		\$					\$		\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN						Total Contingency Stay Expenses				\$	
THE REASON FOR THE STAY					Total Commuter Expenses				\$ 92.00		
TOTAL										2.00	
?	Breakf: \$ LL CONTINELATION T	\$ \$ LL CONTINGENCY STA	Breakfast Lunch \$ \$ \$ \$ LL CONTINGENCY STAY EXPENSES CLEATION TO AN OVERNIGHT(S) STAY.	MEALS (MAXIMUM OF TWO MEALS PER STAY) Breakfast Lunch Dinner \$ \$ \$ \$ LL CONTINGENCY STAY EXPENSES CLAIMED ON THIS ELATION TO AN OVERNIGHT(S) STAY.	Authorized Contingency S MEALS (MAXIMUM OF TWO MEALS PER STAY) Breakfast Lunch Dinner \$ \$ \$ \$ Lunch Dinner	Authorized Contingency Stay Expenses MEALS	Authorized Contingency Stay Expenses MEALS	Authorized Contingency Stay Expenses MEALS (MAXIMUM OF TWO MEALS PER STAY) Breakfast Lunch Dinner \$ \$ \$ \$ \$ Lunch Dinner Total Contingency Stay Expenses Total Commuter Expenses	Authorized Contingency Stay Expenses MEALS	Authorized Contingency Stay Expenses MEALS	