

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.	A.'s NAME		Shannon Martin						DATE PREPARED			April 3, 2018		
FOR	THE CON	ISTITUE	ENCY OF		Mo Auti	rris norized Commuti	ing E	xpenses			API	R 0 5	2018	
	Week of	1_ We	ek of _N	Week of March 12			Week of	We	Week of March 26					
	Date Trip		rip I	Date		Date	Date		Date	Trip		Date	Trip	
м								1.00		1.00			1.00	
Т					1.00			1.00		1.00			1.00	
W					1.00			1.00		1.00				
T					1.00					1.00				
F					1.00					1.00				
S														
S	Total Trip	S	Tota	al Trips	4.00	Total Trips	S	3.00	Total Trip	5.00	Tot	al Trips	2.00	
	Total Trips 14.00 x \$ 9.00 TOTAL COMMUTING EXPENSES **Authorized Contingency Stay Expenses**											126.00		
	ate //D) B	(MAXIN		MEALS TWO MEALS PER STAY) Lunch Dinner		Accommodations					Incidental Allowance			
										\$		\$		
\$ \$												<u> </u>		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN								Total Co	ntingency S	tay Expens	es	\$		
Total C									tal Commuter Expenses				6.00	
TOTAL											\$ /2	26.00		