

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME _____ Shannon Martin ___ DATE PREPARED ____ February 1, 2019

TOR	THE GO			OF	Auth	norized Commut	ing Expe	ıses		-	g U	5 2019	
	Week of Jan-1		an-1	Week of	Jan 7	Week of Jan 14			Week of Jan 21		Week of Jan 28		
	Date	e	Trip	Date	Trip	Date	17	rip	Date	Trip		Date	Trip
М					1.00		1	.00		1.00			
T					1.00		1	.00		1.00			
W			1.00										1.00
T			1.00										1.00
F													
S													
S													
	Total T	rips	2.00	Total Trips	s 2.00	Total Trip	os 2	2.00	Total Trips	2.00	Tota	al Trips	2.00
				MEALS	Author		LCOM	IUTIN	O x \$ 9' G EXPENSES		\$ '	92.0	
	ate /D)	Breakfast		ETWO MEALS PER STAY) Lunch Dinner		Accommodations Incidental Allowance							
			+										
		\$ \$		\$						\$		\$	
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM							Т	otal C	ontingency Stay Expenses			\$	
		ATION TO AN OVERNIGHT(S) STAY. E REASON FOR THE STAY					Т	Total Commuter Expenses				\$ 9	2.00
TOTAL										\$ 9	2.00		