MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME			Shannon Martin						DATE PREPARED		November 1, 2018				
FOR THE CONSTITUENCY OF Mon							orris horized Commuting Expenses				NOV 0 1 2018				
	Wee	k of	Oct 1	Week of Oct 8			Week of	0	ct 15	Week of _	Oct 22 We		ek of _	Oct 29	
	Di	ate	Trip	Date		Trip	Date	Date Trip Date		Trip	[Date	Trip		
м			1.00						1.00		1.00			1.00	
Т			1.00			1.00			1.00		1.00			1.00	
W			1.00			1.00					1.00			1.00	
T			1.00			1.00					1.00				
F			1.00			1.00		\perp			_				
S															
S	Total	Trips	5.00	Total T	rips	4.00	Total Trip	S	2.00	Total Trips	4.00	Tota	al Trips	3.00	
Total Trips TOTAL COMMU Authorized Contingency Stay Expe									MMUTIN	NG EXPENSES				165.60	
	ate M/D)	Break	(MAXIMUM OF	MEALS TWO MEALS PER STAY) Lunch Dinner		17)	Accommodations						Incidental Allowance		
		\$ \$		\$							\$		\$		
	ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN								Total Contingency Stay Expenses				\$	_	
Total Commuter Expenses										\$ /	65.60				
									TOTAL				\$ /	16560 16560	