

MLA EXPENSE CLAIM

COMMUTER ALLOWANCE

M.L.A.'s NAME Shannon Martin DATE PREPARED August 1, 2019

				OF	Morri Author	ized Commuting	Expenses		AU	G 0 1	2019	
	Week of July 1		Week of _	July 8	Week of July 15		Week of _	Week of July 29				
	Date	Э	Trip	Date	Trip	Date	Trip	Date	Trip	Da	te	Trip
М					1.00		1.00					1.00
T			1.00		1.00		1.00					1.00
W			1.00									
T									1.00			
F												
S												
S	Total T	rins	2.00	Total Trips	2.00	Total Trips	2.00	Total Trips	1.00	Total	Trips	2.00
							ps <u>9.00</u>	x \$9		s &	18-20)
				AEAL C	Authorize	d Contingency S	tay Expenses					
	ate —	(M Breakfa	MAXIMUM OF	MEALS TWO MEALS PER S		d Contingency S		nodations				dental wance
			MAXIMUM OF	TWO MEALS PER S	TAY)	d Contingency S						
			MAXIMUM OF	TWO MEALS PER S	TAY)	d Contingency S						
	1/D)		MAXIMUM OF	TWO MEALS PER S	TAY)	d Contingency S			\$			
	ND)	Breakfa	SEENCY STA	TWO MEALS PER S Lunch \$	TAY)		Accomr				Allo	
	ALL REL	\$ CONTINCATION TO	SEENCY STA	\$ Y EXPENSES CLANGHT(S) STAY.	Dinner		Accomr	nodations	ay Expense	es	Allo \$	