May 3, 2019



## **MLA EXPENSE CLAIM**

## **COMMUTER ALLOWANCE**

M.L.A.'s NAME Shannon Martin DATE PREPARED

FOR	THE CO	NSTITL	JENCY	′OF		orris horized (	Commuting	Expenses		N	MAY (	3 2	019	
	Week o	f Apr	12/	Week of April 8			/eek ofA	pril 15	Week of _	Week of April 29				
	Date		Trip	Date	Trip		Date	Trip	Date	Trip		Date	Trip	
м			1.00	-	1.00			1.00					1.00	
Т			1.00		1.00		1	1.00		1.00			1.00	
W			1.00		1.00			1.00		1.00				
Т			1.00		1.00			1.00		1.00				
F		1.00			1.00					1.00				
S							. A							
S	Total Tri	ns	5.00	Total Tri	ps 5.00	Т	otal Trips	4.00	Total Trips	4.00	Tota	al Trips	2.00	
				MEALS		rized Cor	ntingency St		S EXPENSES			In	neidontal	
	ate //D) [	Breakfast		TWO MEALS F	Dinner		Accommodations					Incidental Allowance		
	\$	\$			\$				\$			\$		
ALL CONTINGENCY STAY EXPENSES CLAIMED ON THIS FORM ARE IN RELATION TO AN OVERNIGHT(S) STAY.  THE REASON FOR THE STAY								Total Contingency Stay Expenses				\$		
								Total Commuter Expenses				\$	196.00	
								TOTAL				\$ /	96.00	