



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

										-							-
										-							-
										-							-

Sub-Total \$



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Name:

Date Submitted

Month Year

Sub-Total \$



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/02/26 Month: January Year: 2026

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								-
								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

Claim Reminders:

**** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses****

- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
- Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
- A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location. It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
- For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
- Expense claims must be submitted within two (2) weeks and no later than thirty (30) days after the expense in incurred.**
- Incomplete expense claims will not be processed
- Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
- Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$	709.96
Less: BMO MasterCard	-\$	663.06
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Biermanski	\$	46.90



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 02/02/26

Month January Year 2026

9. Separate reimbursement claims must be submitted for each month in which expenses are incurred. All expenses from the same month must be included on a single expense claim.

Authorizations & Approvals Councillor Biermanski January 2026

Preparer
If claim form was prepared by an individual other than the Council Member, sign and date below
This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.
Preparer's Signature: [Signature] Date (DD/MM/YY): 02/02/2026

Council Member
I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.
Council Member's Signature: Shelley Biermanski Date (DD/MM/YY): 02/03/2026

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Accounts Payable Personnel Signature: Justine Ongkiko Date (DD/MM/YY): 02/03/2026

Director - Financial & Strategic Services
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement
Director - Financial & Strategic Services Signature: Anne Victor Date (DD/MM/YY): 02/03/2026

Chief Administrative Officer (City Manager)
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement
City Manager Signature: William S. Stracher Date (DD/MM/YY): 02/03/2026



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V. January 2026

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Name:

Date Submitted

Month

Year

										-							-
										-							-
										-							-

Sub-Total \$



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Name:

Date Submitted

Month Year

Sub-Total \$



Council Member Monthly Expense Claim Form

Select From List
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Name: Councillor Biermanski

Date Submitted 02/03/26

Month February Year

2026

9. Separate reimbursement claims must be submitted for each month in which expenses are incurred. All expenses from the same month must be included on a single expense claim.

Authorizations & Approvals

Councillor Biermanski

February

2026

Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below. This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

[Signature]
Preparer's Signature

03/02/2026
Date (DD/MM/YY)

Council Member

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Shelley Biermanski
Shelley Biermanski (Mar 2, 2026 17:58:29 MST)
Council Member's Signature

03/02/2026
Date (DD/MM/YY)

Accounts Payable

I have reviewed this claim for mathematical accuracy and documentation support.

justine ongkiko
justine ongkiko (Mar 3, 2026 08:02:25 MST)
Accounts Payable Personnel Signature

03/03/2026
Date (DD/MM/YY)

Director - Financial & Strategic Services

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Anne Victor
Anne Victor (Mar 3, 2026 13:23:34 MST)
Director - Financial & Strategic Services Signature

03/03/2026
Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

William Fletcher
William Fletcher (Mar 3, 2026 13:32:15 MST)
City Manager Signature

03/03/2026
Date (DD/MM/YY)



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V. January 2026

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Name:

Date Submitted

Month Year



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Do not enter in "Grey" cells

Name:

Date Submitted: Month: Year:

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

- Claim Reminders:
**** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses****
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 2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
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 5. Expense claims must be submitted within two (2) weeks and no later than thirty (30) days after the expense is incurred.
 6. Incomplete expense claims will not be processed
 7. Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
 8. Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$ 1,226.10
Less: BMO MasterCard	-\$ 1,139.00
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Biermanski	\$ 87.10



Council Member Monthly Expense Claim Form

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Date Submitted:

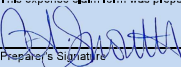
Month: Year:

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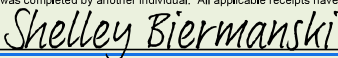
Authorizations & Approvals

Councillor Biermanski March 2026

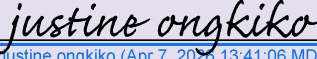
Preparer
 If claim form was prepared by an individual other than the Council Member, sign and date below
 This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

 _____ **04/07/2026**
 Preparer's Signature Date (DD/MM/YY)

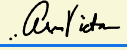
Council Member
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 _____ **04/07/2026**
 Shelley Biermanski (Apr 7, 2026 13:37:27 MDT) Council Member's Signature Date (DD/MM/YY)


Accounts Payable
 I have reviewed this claim for mathematical accuracy and documentation support.

 _____ **04/07/2026**
 Justine Ongkiko (Apr 7, 2026 13:41:06 MDT) Accounts Payable Personnel Signature Date (DD/MM/YY)

Director - Financial & Strategic Services
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

 _____ **04/07/2026**
 Anne Victor (Apr 7, 2026 14:46:28 MDT) Director - Financial & Strategic Services Signature Date (DD/MM/YY)

Chief Administrative Officer (City Manager)
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

 _____ **04/07/2026**
 William Fisher (Apr 7, 2026 15:07:00 MDT) City Manager Signature Date (DD/MM/YY)