



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Councillor Clark

Date Submitted 02/02/26

Month January Year 2026

										-							-
										-							-
										-							-

Sub-Total \$ -



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V. January 2026

Select From List
Do not enter in "Grey" cells

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:

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****

- 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	\$ 1,643.21
Less: BMO MasterCard	-\$ 1,314.06
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Clark	<u>\$ 329.15</u>



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Name: Councillor Clark

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 Clark 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.
[Signature] 02/02/2026
Preparer's Signature Date (DD/MM/YY)

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.
Sandra L. Clark 02/03/2026
Sandra L. Clark (Feb 3, 2026 09:12:37 MST)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
justine onkiko 02/03/2026
justine onkiko (Feb 3, 2026 09:15:21 MST)
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
Anne Victor 02/03/2026
Anne Victor (Feb 3, 2026 14:52:46 MST)
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
[Signature] 02/03/2026
City Manager Signature Date (DD/MM/YY)



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V. January 2026

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Name: Councillor Clark

Date Submitted 02/03/26

Month February Year

2026

										-							-
										-							-
										-							-

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 Clark

Date Submitted: 02/03/26 Month: February 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:

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Grand Total Expenses	\$ 1,463.07
Less: BMO MasterCard	-\$ 1,409.47
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Clark	\$ 53.60



Council Member Monthly Expense Claim Form

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Name: Councillor Clark

Date Submitted 02/03/26

Month February Year

2026

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Authorizations & Approvals Councillor Clark February 2026

Preparer
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.
[Signature]
Preparer's Signature 03/02/2026
Date (DD/MM/YY)

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.
Sandra L. Clark
Sandra L. Clark (Mar 2, 2026 17:17:50 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 ongekiko
justine ongekiko (Mar 3, 2026 08:01:25 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
[Signature]
Anne Victor (Mar 3, 2026 13:23:59 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
[Signature]
William Fletcher (Mar 3, 2026 13:32:57 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

										-							-
										-							-
										-							-

Sub-Total \$



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Councillor Clark

Date Submitted 01/04/26

Month March Year 2026

Sub-Total \$ -



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Councillor Clark

Date Submitted: 01/04/26 Month: March 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:

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Grand Total Expenses	-\$ 70.98
Less: BMO MasterCard	\$ 288.76
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Clark	\$ 217.78



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Clark

Date Submitted 01/04/26

Month

March

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 Clark

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.

[Signature]
Preparer's Signature

04/01/2026

Date (DD/MM/YY)

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.

Sandra L. Clark
Council Member's Signature

04/08/2026

Date (DD/MM/YY)

Accounts Payable

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

justine ongkiko
Accounts Payable Personnel Signature

04/08/2026

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

[Signature]
Anne Victor (Apr 9, 2026 09:11:22 MDT)
Director - Financial & Strategic Services Signature

04/09/2026

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

[Signature]
William Fletcher (Apr 9, 2026 11:51:08 MDT)
City Manager Signature

04/09/2026

Date (DD/MM/YY)