



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 \$



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 \$



Council Member Monthly Expense Claim Form

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****
1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
 2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
 3. 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)
 4. 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.
 5. **Expense claims must be submitted within two (2) weeks and no later than thirty (30) days after the expense in 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	\$ 26.80
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Hughes	\$ 26.80



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

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 Hughes 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 Signature: Sheena Hughes Date (DD/MM/YY): 02/02/2026

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



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 02/03/26

Month February Year 2026

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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 (DDMMYY)								-
								-
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Sub-Total \$ -

- Claim Reminders:**
- 1. See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**
 - 2. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
 - 3. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
 - 4. 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)
 - 5. 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.
 - 6. **Expense claims must be submitted within two (2) weeks and no later than thirty (30) days after the expense is incurred.**
 - 7. Incomplete expense claims will not be processed
 - 8. 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.
 - 9. 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	\$	102.47
Less: BMO MasterCard	-\$	48.87
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Hughes	\$	53.60



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 02/03/26

Month: February Year: 2026

V. January 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 Hughes February 2026

Preparer
If claim form was prepared by an individual other than the Council Member, sign and date below.
If the expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.
[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.
Sheena Hughes 03/04/2026
Sheena Hughes (Mar 4, 2026 12:27:20 MST)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
christine lindal 03/04/2026
christine lindal (Mar 4, 2026 12:28:18 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
[Signature] 03/04/2026
Anne Vitor (Mar 4, 2026 13:55:49 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] 03/04/2026
William Fletcher (Mar 4, 2026 14:14:51 MST)
City Manager Signature Date (DD/MM/YY)



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Select From List
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Name: Councillor Hughes

Date Submitted 01/04/26 Month March Year 2026

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim km's-Specific	Mileage Amount @ 0.67/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding																	
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	Project CAT4															
17/03/26	BILD Edmonton Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					20.10							20.10	6140	1010	516106															
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Sub-Total																					\$	20,10													

Professional Development		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.67/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project CAT4
										-							-			
										-							-			
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Name: Councillor Hughes

Date Submitted 01/04/26

Month March Year 2026

										-							-
										-							-
										-							-

Sub-Total \$ -



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Name:

Date Submitted

Month Year

Sub-Total \$



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V. January 2026

Select From List
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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)								-
								-
								-
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								-

Sub-Total

Claim Reminders:

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Grand Total Expenses	\$	199.10
Less: BMO MasterCard	-\$	179.00
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Hughes	\$	20.10



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Name: Councillor Hughes

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 Hughes 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.
Preparer's Signature: [Signature] Date (DD/MM/YY): 04/01/2026

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: Sheena Hughes Date (DD/MM/YY): 05/05/2026

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Accounts Payable Personnel Signature: christine lindal Date (DD/MM/YY): 05/05/2026

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): 05/05/2026

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 Fletcher Date (DD/MM/YY): 05/14/2026