



Council Member Monthly Expense Claim Form

V. January 2026

Select From List
Do not enter in "Grey" cells

Name: Councillor Korotash

Date Submitted 04/02/26

Month January Year 2026

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**
 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 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	\$ 286.92
Less: BMO MasterCard	-\$ 266.82
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Korotash	<u>\$ 20.10</u>



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Name: Councillor Korotash

Date Submitted: 04/02/26

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 Korotash 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.

A. Smith
Preparer's Signature 02/04/2026
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.

Neil Korotash
Council Member's Signature 02/04/2026
Date (DD/MM/YY)
Neil Korotash (Feb 4, 2026 20:56:35 MST)

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

christine lindal
Accounts Payable Personnel Signature 02/05/2026
Date (DD/MM/YY)
christine lindal (Feb 5, 2026 08:06:55 MST)

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

A. Vitor
Director - Financial & Strategic Services Signature 02/12/2026
Date (DD/MM/YY)
Anne Vitor (Feb 12, 2026 16:56:23 MST)

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

W. Fletcher
City Manager Signature 02/12/2026
Date (DD/MM/YY)
William Fletcher (Feb 12, 2026 16:57:10 MST)



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V. January 2026

Name:

Date Submitted

Month Year

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Sub-Total \$ -



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Name: Councillor Korotash

Date Submitted 04/03/26 Month February Year 2026

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month), Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						

Sub-Total \$ -

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
02/02/26	BILD Edmonton Pickleball Tournament registration					63.00		63.00
05/02/26	BILD Edmonton Economic Forecast Dinner registration					204.75		204.75
17/02/26	St. Albert Chamber Business@Lunch registration					50.00		50.00
26/02/26	FCM Conference registration					1,255.80		1,255.80
								-
								-
								-
								-
								-
								-

Sub-Total \$ 1,573.55



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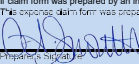
Name: Councillor Korotash


Date Submitted: 04/03/26 Month: February Year: 2026


V. January 2026


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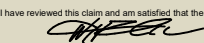
Authorizations & Approvals Councillor Korotash February 2026

Preparer
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 _____ Date (DD/MM/YY) **03/04/2026**

Council Member
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Neil Korotash (Mar 8, 2026 17:53:26 MDT)
 Council Member's Signature _____ Date (DD/MM/YY) **03/08/2026**

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

christine lindal (Mar 10, 2026 09:39:38 MDT)
 Accounts Payable Personnel Signature _____ Date (DD/MM/YY) **03/10/2026**

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.

Anne Victor (Mar 10, 2026 10:06:14 MDT)
 Director - Financial & Strategic Services Signature _____ Date (DD/MM/YY) **03/10/2026**

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.

William Fletcher (Mar 10, 2026 10:19:46 MDT)
 City Manager Signature _____ Date (DD/MM/YY) **03/10/2026**



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Name: Councillor Korotash

Date Submitted 07/04/26

Month March 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 Korotash March 2026

Preparer
If claim form was prepared by an individual other than the Council Member, sign and date below. The expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.
Neil Korotash
Date (DD/MM/YY) 04/07/2026

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.
Neil Korotash
Date (DD/MM/YY) 04/07/2026

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
christine lindal
Date (DD/MM/YY) 04/07/2026

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.
Anne Victor
Date (DD/MM/YY) 04/08/2026

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.
William Fletcher
Date (DD/MM/YY) 04/08/2026