





### Council Member Monthly Expense Claim Form

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:

Councillor MacKay

Date Submitted

04/02/26

Month

January

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 (DD/MM/YY)								-
								-
								-
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								-
								-
								-
								-
								-
								-

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 is 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	\$ 810.42
Less: BMO MasterCard	-\$ 790.32
Less: Expenses Paid	\$ -
Net to be paid to: Councillor MacKay	\$ 20.10



# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

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 MacKay 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.



02/05/2026

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.



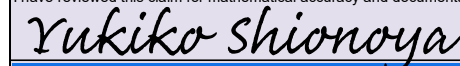
02/06/2026

Date (DD/MM/YY)

[K MacKay \(Feb 6, 2026 09:19:18 MST\)](#)  
Council Member's Signature

#### Accounts Payable

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



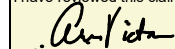
02/06/2026

Date (DD/MM/YY)

[Yukiko Shionoya \(Feb 6, 2026 12:06:34 MST\)](#)  
Accounts Payable Personnel Signature

#### 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



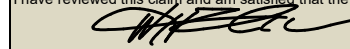
02/06/2026

Date (DD/MM/YY)

[Anne Victor \(Feb 6, 2026 13:11:10 MST\)](#)  
Director - Financial & Strategic Services Signature

#### 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



02/06/2026

Date (DD/MM/YY)

[William Fletcher \(Feb 6, 2026 13:12:49 MST\)](#)  
City Manager Signature



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

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	CAT 2 Project CAT4
10/02/26	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.80							26.80	6140	1010	516109
11/02/26	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.80							26.80	6140	1010	516109
18/02/26	BILD Edmonton Economic Forecast Dinner	St. Albert	Edmonton-Downtown	Return	30.00					20.10	19.55						39.65	6140	1010	516109
										-							-			
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										-							-			
										-							-			
										-							-			
Sub-Total																				\$ 93.25

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	CAT 2 Project CAT4
										-							-			
										-							-			
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### Council Member Monthly Expense Claim Form

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

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)								-
								-
								-
								-
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								-
								-
								-
								-
								-

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 is 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	\$ 1,453.85
Less: BMO MasterCard	-\$ 1,360.60
Less: Expenses Paid	\$ -
<b>Net to be paid to: Councillor MacKay</b>	<b><u>\$ 93.25</u></b>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

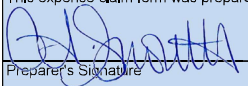
Date Submitted: 02/03/26

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 MacKay 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.

 \_\_\_\_\_ Date: 03/02/2026  
Preparer's Signature Date (DD/MM/YY)

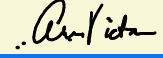
**Council Member**  
 I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

 \_\_\_\_\_ Date: 03/03/2026  
K MacKay (Mar 3, 2026 10:17:09 MST) Council Member's Signature Date (DD/MM/YY)

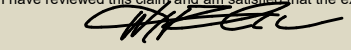
**Accounts Payable**  
 I have reviewed this claim for mathematical accuracy and documentation support.

 \_\_\_\_\_ Date: 03/04/2026  
Yukiko Shionoya (Mar 4, 2026 10:20:12 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

 \_\_\_\_\_ Date: 03/04/2026  
Anne Victor (Mar 4, 2026 14:00:29 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

 \_\_\_\_\_ Date: 03/04/2026  
William Fletcher (Mar 4, 2026 14:14:23 MST) City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

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_										ACCT	Cost Ctr	Project
19/03/26	BILD Edmonton Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					20.10							20.10	6140	1010	516109
19/03/26	State of the Region dinner	St. Albert	Spruce Grove	Return	58.00					38.86							38.86	6140	1010	516109
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Sub-Total																				\$ 58.96

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_										ACCT	Cost Ctr	Project
										1221								1221		
										-							-			
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### Council Member Monthly Expense Claim Form

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: Councillor MacKay

Date Submitted: 01/04/26 Month: March Year: 2026

AUMA or FCM Convention or Board Expenses		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	CAT 2 Project CAT4
26/03/26	ABMunis Spring Municipal Leaders' Caucus	St. Albert	Edmonton-Downtown	Return	30.00					20.10							20.10	6100	1010	516109	
27/03/26	ABMunis Spring Municipal Leaders' Caucus	St. Albert	Edmonton-Downtown	Return	30.00					20.10	38.30						58.40	6100	1010	516109	
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Sub-Total																				\$ 78.50	

Office of the Mayor (Official Events & Duties)		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 *	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	CAT3	CAT4
										-							-					
										-							-					
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### Council Member Monthly Expense Claim Form

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 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	\$ 279.21
Less: BMO MasterCard	-\$ 141.75
Less: Expenses Paid	\$ -
<b>Net to be paid to: Councillor MacKay</b>	<b><u>\$ 137.46</u></b>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 01/04/26

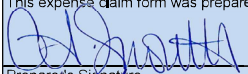
Month: March

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 MacKay 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

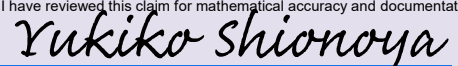
04/01/2026  
 Date (DD/MM/YY)

**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.

 \_\_\_\_\_  
 Ken MacKay (Apr 1, 2026 17:01:59 MDT)  
 Council Member's Signature

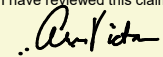
04/01/2026  
 Date (DD/MM/YY)

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

 \_\_\_\_\_  
 Yukiko Shionoya (Apr 2, 2026 09:26:52 MDT)  
 Accounts Payable Personnel Signature

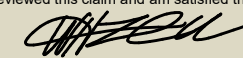
04/02/2026  
 Date (DD/MM/YY)

**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 (Apr 2, 2026 13:14:45 MDT)  
 Director - Financial & Strategic Services Signature

04/02/2026  
 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 (Apr 7, 2026 08:16:00 MDT)  
 City Manager Signature

04/07/2026  
 Date (DD/MM/YY)