



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

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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: Councillor Patrick

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 Patrick

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]
Preparer's Signature

02/02/2026
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.

Amanda Patrick
Amanda Patrick (Feb 3, 2026 13:47:46 MST)
Council Member's Signature

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

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Feb 4, 2026 09:56:40 MST)
Accounts Payable Personnel Signature

02/04/2026
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 (Feb 4, 2026 13:32:48 MST)
Director - Financial & Strategic Services Signature

02/04/2026
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 (Feb. 4, 2026 13:40:25 MST)
City Manager Signature

02/04/2026
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_		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	516118
11/02/26	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.80							26.80	6140	1010	516118
										-							-			
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Sub-Total																				\$ 53.60

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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Sub-Total



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Sub-Total

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Council Member Monthly Expense Claim Form

Select From List
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Name: Councillor Patrick

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 Patrick

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

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.

Amanda Patrick
Amanda Patrick (Mar 2, 2026 18:39:48 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.

Yukiko Shionoya
Yukiko Shionoya (Mar 3, 2026 10:51:08 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 11:03:50 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 11:20:08 MST)
City Manager Signature

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



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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
05/03/26	Jessie's Crowns	St. Albert	Sturgeon (County)	Return	40.00					26.80							26.80	6140	1010	516118
19/03/26	BILD Edmonton Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					20.10							20.10	6140	1010	516118
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Sub-Total																				\$ 46.90

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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Date Submitted

Month

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Sub-Total

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Council Member Monthly Expense Claim Form

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Name: Councillor Patrick

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 Patrick

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

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[Signature]
Council Member's Signature

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

Accounts Payable

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

[Signature]
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

[Signature]
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

[Signature]
City Manager Signature

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