



Name:  Date Submitted:  Month:  Year:

Sub-Total	\$ -
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Sub-Total	\$ -
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted20-08-20

MonthJuly

Year2020

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 @ 0.505/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
										-							-				A8 AUMA
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total

\$ -

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 @ 0.505/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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total

\$ -



	Select From List
	Do not enter in "Grey" cells

Name:  Date Submitted:  Month:  Year:

Operating Supplies/Telephone/Internet/Sponsorships				GL Coding			
Date (DD/MM/YY)	Detailed Description	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
25-07-20	Bell Mobility - Office Mobile		55.00	6404	1010	516104 N/A	Mobile Device Charge
18-06-20	Shaw - Home Office Internet		70.00	6404	1010	516104 N/A	Office/Operating Supp

Sub-Total	\$ 125.00
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[illegible]



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted: 

20-08-20

Month: 

July

Year: 

2020

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
  - 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.
  - 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)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Grand Total Expenses	\$	125.00
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Brodhead	\$	125.00

Training and Development Activities		
Date	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
08-07-20	Internal Audit Steering Committee	
16-07-20	Internal Audit Steering Committee	
17-07-20	Committee of the Whole	
27-07-20	Internal Audit Steering Committee	



Council Member Monthly Expense Claim Form

	Select From List
Do not enter in "Grey" cells	

Name: 

Councillor Brodhead

Date Submitted: 

20-08-20

Month: 

July

Year: 

2020

29-07-20	Internal Audit Steering Committee	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted

20-08-20

Month

July

Year

2020

Authorizations & Approvals

Councillor Brodhead

July

2020

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.

Rayann Laforce

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.

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Accounts Payable Personnel Signature

Date (DD/MM/YY)

Chief Financial Officer

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

Chief Financial Officer 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

City Manager Signature

Date (DD/MM/YY)

**From:** [REDACTED]  
**To:** [Accounts Payable](#)  
**Subject:** FW: Brodhead July Expense Claim - For Approval  
**Date:** August 19, 2020 11:20:07 AM  
**Attachments:** [Brodhead - Council Expense Claim - Editable.xlsm](#)  
[Brodhead - ShawInvoice\\_02918612802\\_18Jun2020.pdf](#)  
[Brodhead Mobility Bill.pdf](#)

---

Good morning,

Please see the below approval for the attached expense claim.

Thank you,

[REDACTED]  
*Administrative Assistant*  
*Office of the Mayor and Councillors*  
[REDACTED] [REDACTED]

***Bringing Our Best to Cultivate An Amazing Community***

---

**From:** Wes Brodhead  
**Sent:** August 19, 2020 10:59 AM  
**To:** [REDACTED]  
**Subject:** Re: July Expense Claim - For Approval

Brittany,

As requested:

Please accept this email as my authorizing signature.

By the way, what's your contact number? Still 780.459.1697?

Wes

---

**From:** [REDACTED]  
**Date:** Wednesday, August 19, 2020 at 10:30 AM  
**To:** [REDACTED]  
**Subject:** July Expense Claim - For Approval

Good morning Councillor Brodhead,

Please see the attached Council Expense Claim for your review. Please reply with your approval as your authorization.

Please accept this email as my authorizing signature.

Thank you and have a wonderful day.

[REDACTED]

*Administrative Assistant  
Office of the Mayor and Councillors*

[REDACTED] [REDACTED]

***Bringing Our Best to Cultivate An Amazing Community***



**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Councillor Brodhead (July Expenses)  
**Date:** August 20, 2020 3:11:02 PM  
**Attachments:** [Councillor Brodhead Inv #July2020.pdf](#)

---

Hi Lynda,

Please see attached expenses for Councillor Brodhead.  
Thanks!

[REDACTED]

[REDACTED]

Administrative Assistant  
Office of the Chief Administrative Officer

[REDACTED]

*Bringing Our Best to Cultivate An Amazing Community*

---

**From:** Kevin Scoble [REDACTED]  
**Sent:** August 20, 2020 3:04 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Brodhead (July Expenses)

Approved

[REDACTED]

Chief Administrative Officer

[REDACTED] [REDACTED]

*Bringing Our Best to Cultivate An Amazing Community*

---

**From:** [REDACTED]  
**Sent:** Thursday, August 20, 2020 1:45 PM  
**To:** Kevin Scoble [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Brodhead (July Expenses)

Hi Kevin,

Another one for approval.  
Thanks.

[REDACTED]

Administrative Assistant  
Office of the Chief Administrative Officer

[REDACTED]

***Bringing Our Best to Cultivate An Amazing Community***

---

**From:** Diane McMordie <[REDACTED]>  
**Sent:** Thursday, August 20, 2020 12:36 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Brodhead (July Expenses)

Approved. For Kevin's signature.

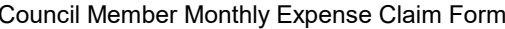
Thanks

**Diane McMordie, CPA, CMA**  
*Director, Finance & Assessment / Chief Financial Officer*  
[REDACTED] [REDACTED]  
City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9  
[REDACTED] [www.stalbert.ca](http://www.stalbert.ca)

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NOTICE -



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted	10-09-20	Month	August	Year	2020
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[illegible]

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 @ 0.505/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		
										-							-						
										-							-						
										-							-						
										-							-						
										-							-						
										-							-						
										-							-						
																		Sub-Total			\$	-	



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted10-09-20MonthAugustYear2020

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 @ 0.505/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
										-							-				A8 AUMA
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total\$ -

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 @ 0.505/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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted10-09-20MonthAugustYear2020

Operating Supplies/Telephone/Internet/Sponsorships		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	GL Coding				
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
25-01-19	Bell Mobility - Office Mobile		55.00	6404	1010	516104	N/A	Mobile Device Charge
18-01-19	Shaw - Home Office Internet		70.00	6404	1010	516104	N/A	Office/Operating Supp

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
19-08-20	Staples Toner Cartridge Order						167.99	167.99
25-08-20	CUTA Virtual Annual Conference and Transit Show					395.50		395.50
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 563.49



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted10-09-20MonthAugustYear2020

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)											
											-
											-
											-
											-
											-
											-
											-
											-

- 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
  - 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.
  - 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)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Grand Total Expenses	\$	688.49
Less: BMO MasterCard	-\$	563.49
Less: Expenses Paid	\$	-
Net to be paid to Councillor Brodhead	\$	125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
10/01/19-11/01/19	Council Retreat	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
2020-08-13	Internal Audit Steering Committee	
2020-08-19	Committee of the Whole	
2020-08-25	Internal Audit Steering Committee	



Council Member Monthly Expense Claim Form

	Select From List
Do not enter in "Grey" cells	

Name: Councillor Brodhead

Date Submitted 10-09-20      Month August      Year 2020




Council Member Monthly Expense Claim Form

	Select From List
Do not enter in "Grey" cells	

Name: 

Councillor Brodhead

Date Submitted: 

10-09-20

Month: 

August

Year: 

2020

Authorizations & Approvals

Councillor Brodhead

August

2020

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

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.

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Accounts Payable Personnel Signature

Date (DD/MM/YY)

Chief Financial Officer

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

Chief Financial Officer 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

City Manager Signature

Date (DD/MM/YY)



**From:** [REDACTED]  
**To:** [Accounts Payable](#)  
**Subject:** RE: Cllr Brodhead August Expense Claim  
**Date:** October 14, 2020 9:44:49 AM  
**Attachments:** [Brodhead - August Council Expense Claim.xlsm](#)  
[Brodhead ShawInvoice.pdf](#)  
[Brodhead Shaw Mobility.pdf](#)

---

Please see the attached.

Thank you,

[REDACTED]  
*Administrative Assistant*  
*Office of the Mayor and Councillors*  
[REDACTED] [REDACTED]

***Bringing Our Best to Cultivate An Amazing Community***

---

**From:** [REDACTED]  
**Sent:** September 1, 2020 10:19 AM  
**To:** [REDACTED]  
**Subject:** FW: Cllr Brodhead August Expense Claim

Good morning,

Please see the below authorizations and the attached.

Thank you,

[REDACTED]  
*Administrative Assistant*  
*Office of the Mayor and Councillors*  
[REDACTED] [REDACTED]

***Bringing Our Best to Cultivate An Amazing Community***

---

**From:** Wes Brodhead  
**Sent:** September 1, 2020 10:17 AM  
**To:** [REDACTED]  
**Subject:** Re: Cllr Brodhead August Expense Claim

Please accept this email as my authorizing signature.

Thanks  
Wes

---

**From:** [REDACTED]

**Date:** Tuesday, September 1, 2020 at 9:35 AM

**To:** Wes Brodhead <[wbrodhead@stalbert.ca](mailto:wbrodhead@stalbert.ca)>

**Subject:** Cllr Brodhead August Expense Claim

Good morning,

I have attached the above mentioned here for your review and approval.  
Please accept this email as my authorizing signature.

Thank you,

[REDACTED]

*Administrative Assistant  
Office of the Mayor and Councillors*

[REDACTED] [REDACTED]

***Bringing Our Best to Cultivate An Amazing Community***



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted	01-10-20	Month	September	Year	2020
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Sub-Total	\$ 12.12
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Sub-Total	\$ -
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted01-10-20MonthSeptemberYear2020

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 @ 0.505/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
										-							-				A8 AUMA
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total\$ -

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 @ 0.505/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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted01-10-20MonthSeptemberYear2020

Operating Supplies/Telephone/Internet/Sponsorships		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	GL Coding				
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
25-01-19	Bell Mobility - Office Mobile		55.00	6404	1010	516104	N/A	Mobile Device Charge
18-01-19	Shaw - Home Office Internet		70.00	6404	1010	516104	N/A	Office/Operating Supp

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted01-10-20MonthSeptemberYear2020

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)											
											-
											-
											-
											-
											-
											-
											-
											-

Claim Reminders:

\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\*

Sub-Total\$ -

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
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. 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)
6. Expense claims must be submitted within 10 days of the following month
7. Incomplete expense claims will not be processed

Grand Total Expenses	\$	137.12
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Brodhead	\$	137.12

Training and Development Activities		
Date	Description of Activity Content and any learning/information worth sharing	
2020-09-28	CUTA Board of Directors Special Meeting	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
2020-09-10	EMRB: Audit & Finance Committee Meeting	
2020-09-11	RTSC HR & Compensatio Committee Meeting	
2020-09-14	RTSC Interim Board Meeting Pre-Brief	
2020-09-17	RTSC Interim Board Meeting	



Council Member Monthly Expense Claim Form

	Select From List
Do not enter in "Grey" cells	

Name: 

Councillor Brodhead

Date Submitted: 

01-10-20

Month: 

September

 Year: 

2020

2020-09-22	Internal Audit Steering Committee	
2020-09-22	In Camera Provincial Landscape Workshop	



Council Member Monthly Expense Claim Form

	Select From List
Do not enter in "Grey" cells	

Name: 

Councillor Brodhead

Date Submitted: 

01-10-20

Month: 

September

Year: 

2020

Authorizations & Approvals

Councillor Brodhead

September

2020

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

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.

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Accounts Payable Personnel Signature

Date (DD/MM/YY)

Chief Financial Officer

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

Chief Financial Officer 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

City Manager Signature

Date (DD/MM/YY)



**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Councillor Brodhead (September Expenses)  
**Date:** October 8, 2020 4:33:55 PM  
**Attachments:** [Councillor Brodhead Inv #Sept2020.pdf](#)

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Approved below.

Thanks,

[REDACTED]  
*Senior Executive Assistant*  
*Office of the Chief Administrative Officer*  
P: 780-459-1593 | [ayarmuch@stalbert.ca](mailto:ayarmuch@stalbert.ca)

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**From:** Kevin Scoble <[kscoble@stalbert.ca](mailto:kscoble@stalbert.ca)>  
**Sent:** Thursday, October 8, 2020 4:31 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Brodhead (September Expenses)

Approved

**Kevin Scoble**  
*Chief Administrative Officer*  
[REDACTED] [REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, October 6, 2020 8:10 AM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Brodhead (September Expenses)

For approval.

Thanks,

[REDACTED]  
*Senior Executive Assistant*  
*Office of the Chief Administrative Officer*  
[REDACTED] [REDACTED]

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**From:** Diane McMordie <[dmcmodie@stalbert.ca](mailto:dmcmodie@stalbert.ca)>

**Sent:** Monday, October 5, 2020 1:56 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Brodhead (September Expenses)

Hi Alayna

I approve. For Kevin's approval then back to Lynda.

Thanks

**Diane McMordie, CPA, CMA**  
*Director, Finance & Assessment / Chief Financial Officer*  
[REDACTED]  
City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9  
[REDACTED] [www.stalbert.ca](http://www.stalbert.ca)

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**From:** [REDACTED]  
**Sent:** October 5, 2020 1:32 PM  
**To:** Diane McMordie <[REDACTED]>  
**Subject:** Councillor Brodhead (September Expenses)

Hi Diane

I have reviewed the attached.

Could you please authorize and forward for Kevin's approval.

Thank you

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*  
[REDACTED]

City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9  
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