



Name: Councillor Hansen

Date Submitted	19-08-20	Month	July	Year	2020
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[illegible]



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 19-08-20

Month July Year 2020

Sub-Total \$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted:

19-08-20

Month:

July

Year:

2020

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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

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 Hansen

Date Submitted19-08-20

MonthJuly

Year2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Mobile Device (Max \$55/Month) - Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
10-08-20	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A	Mobile Dev
22-07-20	Telus Internet - Councillor Home Office Internet	70.00	6404	1010	516110	N/A	Office/Ope

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 Hansen	Date Submitted	19-08-20	Month	July	Year	2020
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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	\$	125.00
Less: BMO MasterCard Directly	\$	-
Net to be paid to: Councillor Hansen	\$	125.00

Training and Development Activities		
Activity Name	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
07/17/2020	Committee of the Whole - Service and Service Level Follow Up	
07/22/2020	COVID-19 Recovery Task Force	
07/23/2020	Seniors Advisory Committee Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted:

19-08-20

Month:

July

Year:

2020

07/27/2020	Special Council Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	19-08-20	Month	July	Year	2020
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Authorizations & Approvals	Councillor Hansen	July	2020
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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: [REDACTED]
Cc: [REDACTED]
Subject: Councillor Hansen's June 2020 Expense Claim
Date: August 20, 2020 3:06:56 PM
Attachments: [image001.png](#)
[image002.png](#)
[Councillor Hansen July 2020 Claim.pdf](#)

Hi Barb,

Please see attached expenses for Councillor Hansen.

Thanks.

[REDACTED]
Administrative Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble [REDACTED]
Sent: August 20, 2020 3:03 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FOR APPROVAL: Councillor Hansen's June 2020 Expense Claim

Approved

Kevin Scoble
Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, August 20, 2020 1:43 PM
To: Kevin Scoble <[REDACTED]>
Cc: [REDACTED]
Subject: FOR APPROVAL: Councillor Hansen's June 2020 Expense Claim

Hi Kevin,

For approval.
Thanks.

[REDACTED]
Administrative Assistant

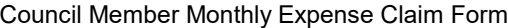
Office of the Chief Administrative Officer
[Redacted]
Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie [Redacted]
Sent: Thursday, August 20, 2020 12:39 PM
To: [Redacted]
Cc: [Redacted]
Subject: FW: Councillor Hansen's June 2020 Expense Claim

Let's try this again

Approved. For Kevin's signature

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



Name: Date Submitted: Month: Year:

[illegible]



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted

02-09-20

Month

August

Year

2020

Sub-Total

\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted02-09-20MonthAugustYear2020

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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 Hansen

Date Submitted:

02-09-20

Month:

August

Year:

2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
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
10-08-20	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A	Mobile Device Charge
22-08-20	Telus Internet - Councillor Home Office Internet	70.00	6404	1010	516110	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)								
07/21/2020	2020 AUMA Convention - Virtual Event					105.00		105.00
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 105.00



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted02-09-20MonthAugustYear2020

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	\$	230.00
Less: BMO MasterCard	-\$	105.00
Directly	\$	-
Net to be paid to: Councillor Hansen	\$	125.00

Training and Development Activities		
Activity Name	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
08/04/2020	Special Council Meeting	
08/05/2020	COVID-19 Recovery Task Force	
08/05/2020	Youth Council	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	02-09-20	Month	August	Year	2020
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08/18/2020	Heritage Advisory Committee	
08/18/2020	Agenda Planning	
08/19/2020	COVID-19 Recovery Task Force	
08/19/2020	Committee of the Whole Meeting	
08/20/2020	Edmonton Global Special Shareholder Meeting	
08/24/2020	Community Growth and Infrastructure	
08/25/2020	Agenda Planning	
08/25/2020	CSAC August Meeting	
08/27/2020	Seniors Advisory Committee	
08/28/2020	NSWA Executive Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	02-09-20	Month	August	Year	2020
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Authorizations & Approvals	Councillor Hansen	August	2020
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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	20-09-02 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: Councillor Hansen's Expense Claim August 2020
Date: September 17, 2020 1:34:48 PM
Attachments: [Councillor Hansen August 2020 Expense Claim.pdf](#)

Hi Barb,
Please see attached expenses for Councillor Hansen.
Thanks.

[REDACTED]
Administrative Assistant
Office of the Chief Administrative Officer
[REDACTED]
Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble [REDACTED]
Sent: September 17, 2020 12:53 PM
To: [REDACTED]
Subject: RE: Councillor Hansen's Expense Claim August 2020

Approved

Kevin Scoble
Chief Administrative Officer
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, September 3, 2020 1:04 PM
To: Kevin Scoble [REDACTED]
Subject: FW: Councillor Hansen's Expense Claim August 2020

Hi Kevin,

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: September 3, 2020 10:53 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: FW: Councillor Hansen's Expense Claim August 2020

Approved by myself. Please arrange Kevin's approval then back to Barb

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

From: [REDACTED]

Sent: September 3, 2020 8:59 AM

To: Diane McMordie [REDACTED]

Subject: Councillor Hansen's Expense Claim August 2020

Hi Diane,

I had reviewed the attached expense claim and give the AP approval. Please sign and forward to Kevin for his signature.

Thanks

Barb

[REDACTED]

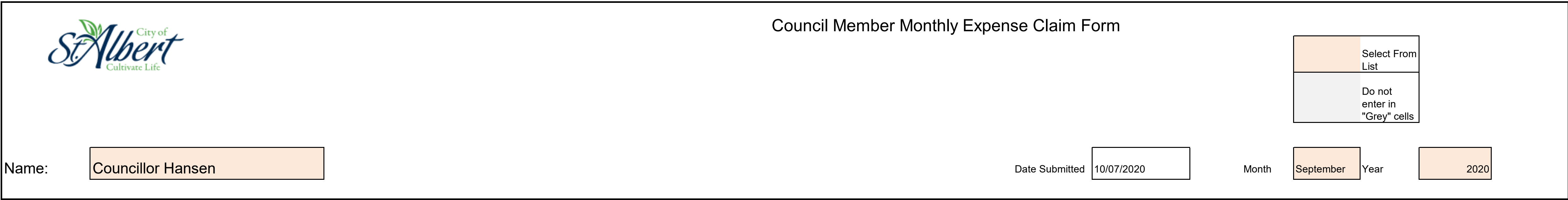
Accounts Payable Coordinator | Financial Services

[REDACTED]

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

[REDACTED] | www.stalbert.ca

www.facebook.com/cityofstalbert | www.twitter.com/cityofstalbert





Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted

10/07/2020

Month

September

Year

2020

Sub-Total

\$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted:

10/07/2020

Month:

September

 Year:

2020

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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

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 Hansen

Date Submitted:

10/07/2020

Month:

September

 Year:

2020

Operating Supplies/Telephone/Internet/Sponsorships			GL Coding			
		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
Date (DD/MM/YY)	Detailed Description					
09/10/2020	Telus Mobility - Councillor Mobile Device		55.00		6404 1010	516110 N/A Mobile Device Charge
09/22/2020	Telus Internet - Councillor Home Office Internet		70.00		6404 1010	516110 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 Hansen

Date Submitted10/07/2020

MonthSeptember

Year2020

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
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 - 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 Directly	\$	-
Net to be paid to: Councillor Hansen	\$	125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
09/16/2020	Posted Speed Public Engagement	
09/23/2020	Mid-sized Mayors	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
09/02/2020	COVID-19 Recovery Task Force	
09/02/2020	Youth Council	
09/03/2020	Council and AHF Annual Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted:

10/07/2020

Month:

September

 Year:

2020

09/08/2020	Regular Council Meeting	
09/08/2020	Heritage Advisory Committee Meeting	
09/14/2020	Community Living Standing Committee Mtg	
09/16/2020	Library Board meeting	
09/21/2020	Regular Council Meeting	
09/22/2020	COVID-19 Recovery Task Force	
09/28/2020	Committee of the Whole	
09/30/2020	COVID-19 Recovery Task Force	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	10/07/2020	Month	September	Year	2020
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Authorizations & Approvals	Councillor Hansen	September	2020
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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: FW: Cllr Hansen - September Expense Claim
Date: October 13, 2020 3:46:21 PM
Attachments: [Hansen - Council Expense Claim.xlsm](#)
[Telus Mobility Sept 2020 JH.pdf](#)
[Telus Internet Sept 2020 JH.pdf](#)

Good afternoon,

Please find attached Cllr Hansen's approved September expense claim.

Kind Regards,

Rayann

[REDACTED]
Executive Assistant | Office of the Mayor and Council
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: Jacquie Hansen <jhansen@stalbert.ca>
Sent: October 13, 2020 3:41 PM
To: [REDACTED]
Subject: RE: Cllr Hansen - September Expense Claim

Looks good Rayann. Thank you.

From: [REDACTED]
Sent: Tuesday, October 13, 2020 1:30 PM
To: Jacquie Hansen <jhansen@stalbert.ca>
Subject: FW: Cllr Hansen - September Expense Claim

Hi Cllr Hansen,

A quick check on my part to confirm you received the below email.

Kind Regards,

Rayann

[REDACTED]
Executive Assistant | Office of the Mayor and Council
[REDACTED] [REDACTED]



From: [REDACTED]
Sent: October 7, 2020 2:14 PM
To: Jacquie Hansen <jhansen@stalbert.ca>
Subject: Cllr Hansen - September Expense Claim

Good morning Cllr Hansen,

Please see the attached expense claim form for your review and approval.

Thanks!

[REDACTED]
Executive Assistant | Office of the Mayor and Council
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [Accounts Payable](#)
To: [REDACTED]
Subject: FW: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim
Date: November 2, 2020 8:13:48 AM
Attachments: [Councillor Hansen's Sep 2020 Expense Claim.pdf](#)

From: [REDACTED]
Sent: October 28, 2020 4:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim

Approved by Kevin below.

Thanks,

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Wednesday, October 28, 2020 4:39 PM
To: [REDACTED]
Subject: FW: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim

approved

Kevin Scoble
*Chief Administrative Officer
Office of the Chief Administrative Officer*

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From: [REDACTED]
Sent: Wednesday, October 14, 2020 7:56 AM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim

Hello,

For your approval, please.

Thanks,

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

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie <[REDACTED]>
Sent: Tuesday, October 13, 2020 4:39 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Councillor Hansen's Sep 2020 Expense Claim

Approved by me. For Kevin's approval then back to Barb

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

From: [REDACTED]
Sent: October 13, 2020 4:15 PM
To: Diane McMordie [REDACTED]
Subject: Councillor Hansen's Sep 2020 Expense Claim

Hi Diane,

Would you please approve Councillor Hansen's Sep Expense Claim. It has been reviewed by AP.

Thanks,

Barb

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

City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9
[REDACTED] | www.stalbert.ca

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