



Select From List

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Name: Councillor Hansen

Date Submitted 19-08-20 Month July Year 2020

eneral Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Regi	on, One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		icket General	es * Total		GL Coding	
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From To	CAT7_		1220	1220	1225	1226	1221	1222 1	222	ACCT	CAT : Cost Ctr Project	2 ct CAT4
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Professional Deve	elopment	In-Region Mileage Cl	aim based on Chart	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)		Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation 8 Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket Ger * Exp	neral penses * Total			GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	2 1226	1227	1225	1224	A	.CCT Cos	CAT 2 t Ctr Project CAT4	
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Name: Councillor Hansen

Date Submitted

19-08-20

Month

July Year

2020

Sub-Total



Select From List

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"Grey" cells

Name: Councillor Hansen

Date Submitted 19-08-20 Month July Year 2020

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mi	leage Claim (or In-Region, cific mileage)	One Way	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	k Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1 1222	1226	1227	1225	5 1224	1	ACCT	CAT 2 Cost Ctr Project	CAT4
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Sub-Total \$

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage (Claim based on Chart	One Way	Out-of-Region Mileag			Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	/	Registration Event Ticket	General Expenses * T	Γotal		GL Codin	g	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4	
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enter in
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Name:

Councillor Hansen

Date Submitted 19-08-20 Month July Year 2020

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	AC	CCT Cost C	CAT 2 tr Project CAT7	Expense Type
10-08-20 Telus Mobility - Councillor Mobile Device	55.00	6404 1010	516110 N/A	A Mobile Dev
22-07-20 Telus Internet - Councillor Home Office Internet	70.00	6404 1010	516110 N/A	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)							
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Name:	Councillor Hansen	Date Submitted	19-08-20	July	Year	2020
				,	-	

Expenses Paid Dir	ectly 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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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
- 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	\$ 125.00
Less: BMO MasterCard	\$ -
Directly	\$ -
Net to be paid to: Councillor Hansen	\$ 125.00

Training and Deve	elopment Activities	
Activity Name	Description of Activity Content and any learning/info	ormation worth sharing
Board, Committee	e, Agency meetings attended (Includes both Cour	ncil appointed and other approved committees)
Date	Meeting	Updates
	Committee of the Whole - Service and Service	
07/17/2020	Level Follow Up	
01/11/2020	Level Follow Op	
07/22/2020	COVID-19 Recovery Task Force	
	1 11 11 11 11 11 11 11 11 11 11 11 11 1	
07/23/2020	Seniors Advisory Committee Meeting	



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July	Year	2020	

Ivallie.	Councillor Flariseri	Date Submitted	19-08-20	WOTTET	July	i cai	2020
.= ::							
07/27/2020	Special Council Meeting						



Date Submitted

19-08-20

Select From
List

Do not enter in "Grey" cells

Month

July

Year

2020

Name:

Councillor Hansen

Authorizations & Approvals		Councillor Hansen
Preparer f claim form was prepared by an individual other than the Council Member, sign and dat This expense claim form was prepared in accordance with all information provided by the	te below le Council Member at the time of submission.	
yann Laforce eparer's Signature		
<u>suncil Member</u> ertify that the expenditures claimed on this form were incurred while conducting business es completed by another individual. All applicable receipts have been attached.	ess on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious m	natter. I understand that I am solely responsible for the details of the claim even if the form
ouncil Member's Signature		
	Date (DUININW II)	
Accounts Payable have reviewed this claim for mathematical accuracy and documentation support.		
Accounts Payable Personnel Signature	Date (DD/MM/YY)	
hief Financial Officer		
ave 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
hief Financial Officer Signature		
Chief Administrative Officer (City Manager)		
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)	

P:\Financial Services\Accounts Payable\Invoices\To be Keyed\Barb\ADDITIONAL INFORMATION\[Hansen - Council Expense Claim - Editable.xlsm]Claim Form

From: To: Cc: Councillor Hansen"s June 2020 Expense Claim Subject: 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. Administrative Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: Kevin Scoble **Sent:** August 20, 2020 3:03 PM Approved

Subject: RE: FOR APPROVAL: Councillor Hansen's June 2020 Expense Claim

Kevin Scoble

Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

Sent: Thursday, August 20, 2020 1:43 PM To: Kevin Scoble <

Subject: FOR APPROVAL: Councillor Hansen's June 2020 Expense Claim

Hi Kevin,

For approval. Thanks.

Administrative Assistant

Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie

Sent: Thursday, August 20, 2020 12:39 PM

To:

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

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

www.stalbert.ca



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Year

Name:

Councillor Hansen

Date Submitted

02-09-20

August

Month

2020

General Council Related Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way /Return	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations	* Airfare*	Registration /Event Ticke Meals *	t General Expenses *	Total		GL Coding CAT 2	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220) 12	225 1226	3 1221 122	2 1222	2	ACCT	CAT 2 Cost Ctr Project	CAT4
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Sub-Total

\$ -

Professional Deve	olopment	In-Region Mileage C	aim based on Chart	Mile One Way Cla /Return Cha	eage im (From <u>C</u> art)	Out-of-Region Milea specifii	ige Claim (or In-Region, c mileage)	One Way	Mileage Claim- Specific		Other Transportation & Parking *	& Accommodations *	Airfare* M	Conference or Course Registration /Event Tick teals *		Total		GL Coding CAT 2
Date (DD/MM/YY)		From	То		Fro		То	CAT7_		1221	122	1 1222	1226	1227 1	225 1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Name: Co

Councillor Hansen

Date Submitted

02-09-20

Month August

2020

\$ -

Sub-Total

Year



Select From List

Do not enter in
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2020

Name:

Councillor Hansen

Date Submitted 02-09-20 Month August Year

AUMA or FCM C	onvention or Board Expenses	In-Region Mileage C	laim based on Chart	One Way /Return Chart)	n <u>Out-of-Re</u>	gion Mileage Claim (or In-Region, specific mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation Parking *	& Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY) Nature of Event/Meeting	From	То		From	То	CAT7_		122	1 122	21 122	2 1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C		One Way		e Claim (or In-Region, mileage)		Claim-		Other Transportation & Parking *	Accommodations *	Airfare* M	leals *	Registration /Event Ticket Ge * Ex	eneral	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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"Grey" cells

Name:

Councillor Hansen

Date Submitted 02-09-20

Month August Year

2020

Operating Sup	blies/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	
D-4- (DD/MMA)	VV Patriad Douglation		ACCT	0+0+-	CAT 2	Expense
Date (DD/MM/Y	y) Detailed Description		ACCT	Cost Ctr	Project CAT7	Туре
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 Supr
L			_			

Sub-Total \$ 125.00

BMO MasterCard E	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
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Sub-Total \$ 105.00



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Do not enter in
"Grey" cells

Name: Councillor Hansen Date Submitted 02-09-20 Month August Year 2020	Name:	Councillor Hansen	Date Submitted	02 00 20	Month			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)							
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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
- 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

rand Total Expenses	\$	230.00
ess: BMO MasterCard	-\$	105.00
rectly	\$	-
et to be paid to: Councillor Hansen	\$	125.00

Sub-Total

Training and Dev	velopment Activities	
Activity Name	Description of Activity Content and any learning/in	nformation worth sharing
Poard Committe	Agency meetings attended (Includes both Co.	uncil appointed and other approved committees)
Board, Committee	se, Agency meetings attended (includes both col	and appointed and only approved committees;
Date	Meeting	Updates
Date	Weeting	Updates
08/04/2020	Special Council Meeting	
00/04/2020	Special Council Meeting	
08/05/2020	COVID-19 Recovery Task Force	
00/03/2020	COVID-18 RECOVERY TASK FOICE	
08/05/2020	Youth Council	
00/03/2020	Touth Council	



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August	Year	2020	

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							



Name:

Councillor Hansen

Council Member Monthly Expense Claim Form

Select From List

Do not enter in

"Grey" cells

Date Submitted

02-09-20

Month August

2020

Authorizations & Approvals 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)	Councillor Hansen	August
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 20-09-02		
Rayann Laforce 20-09-02 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 was completed by another individual. All applicable receipts have been attached.	le for the details of the claim even if the form	
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:
To:
Cc:

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.

Administrative Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble

Sent: September 17, 2020 12:53 PM

To:

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

Approved

Kevin Scoble

Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Thursday, September 3, 2020 1:04 PM

To: Kevin Scoble

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

Hi Kevin,

For approval.

Thanks.

Administrative Assistant

Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie

Sent: September 3, 2020 10:53 AM To: Cc: Subject: FW: Counciller Hensen's Evenese Claim August 2020
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 City of St. Albert 5 St. Anne Street St. Albert, AB T8N 3Z9 www.stalbert.ca
Sent: September 3, 2020 8:59 AM To: Diane McMordie 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
Accounts Payable Coordinator Financial Services
City of St. Albert 5 St. Anne Street St. Albert, AB T8N 3Z9 www.stalbert.ca
www.facebook.com/cityofstalbert www.twitter.com/cityofstalbert



Select From List

Do not enter in "Grey" cells

2020

Name: Councillor Hansen

Date Submitted 10/07/2020 Month September Year

General Council R	elated Business	In-Region Mileage Cla	nim based on Chart	Mileage Claim km's One Way (From /Return Chart)	Out-of-Region Mileag	ge Claim (or In-Region, mileage)	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare* N	Meals *	Registration /Event Ticket General * Expenses *	Total	GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	5 1226	1221	1222 1222		CAT 2 ACCT Cost Ctr Project CAT4
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Professional Development		One Wav	Mileage Claim (From Out-	of-Region Mileage Cl specific mile	aim (or In-Region.	One Wav	Mileage Claim-	Mileage (Other Transportation &			or Course Registration /Event Ticket	t General			
	In-Region Mileage Cla	aim based on Chart /Return	Chart)	specific mile	age)	/Return	Specific	0.505/km	Parking *	Accommodations *	Airfare*	Meals * *	Expenses *	Total		GL Coding
Date (DD/MM/YY) Nature of Event/Meeting	From	То	From	То		CAT7_		1221	1221	1222	1226	1227 122	5 1224	l	ACCT	CAT 2 Cost Ctr Project CAT4
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Name:

Councillor Hansen

Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

Date Submitted 10/07/2020

September Year Month

2020

Sub-Total



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 or	One Way		Out-of-Region Mileag specific	e Claim (or In-Region, mileage)		Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare* Meals *	Conference or Course Registration /Event Ticket Ge * Ex	eneral «penses *]	Total		GL Coding	
Date (DD/MM/YY) Nature of Event/Meeting	From To		ı	From	То	CAT7_		1221	1221	1222	1226 12	27 1225	1224		ACCT	CAT 2 Cost Ctr Project	CAT4
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Sub-Total \$ -

Office of the Mayor (Official Events & Duties)	In-Region Mileage (Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milea specific	ge Claim (or In-Region, c mileage)	One Way /Return	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare* Meals *	Registration /Event Ticket General * Expenses *	Total		GL Coding	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_	_	1220	1220	1225	5 1226 122	1 1222 1222	2	ACCT	Cost Ctr CAT3 CAT4	
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Select From List Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 10/07/2020 Month September Year 2020

Operating Sup	olies/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		G	GL Coding		
Date (DD/MM/Y	Y) Detailed Description			ACCT	Cost Ct	CAT 2 tr Project (CAT7	Expense Type
09/10/2020	Telus Mobility - Councillor Mobile Device		55.00		6404 1010	516110	N/A	Mobile Device Charg
09/22/2020	Telus Internet - Councillor Home Office Internet		70.00		6404 1010	516110	N/A	Office/Operating Su

Sub-Total \$ 125.00

BMO MasterCard Expenses Other Transporta Parking *	on & Accommodations	* Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)						
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Select From List

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"Grey" cells

Name: Councillor Hansen

Month September Year 2020

Expenses Paid Dire	ectly 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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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
- 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 \$ 125.00
Less: BMO MasterCard \$ Directly \$
Net to be paid to: Councillor Hansen \$ 125.00

Sub-Total

\$ -

Training and Development Activities							
Activity Name	Description of Activity Content and any learning/info	ormation worth sharing					
09/16/2020	Posted Speed Public Engagement						
09/23/2020	Mid-sized Mayors						
Board, Committ	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						



]	
		Select From List		
		Do not enter in "Grey" cells		
nth	September	Year	2020	

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							

	<u> </u>	
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	



Date Submitted 10/07/2020

Select From List

Do not enter in "Grey" cells

September Year

2020

Name: Councillor Hansen

Authorizations & Approvals		Councillor Hansen	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 ti	ne 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 was completed by another individual. All applicable receipts have been attached.	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	e claim even if the form		
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.				
Barb Marrese				
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 provid	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Chief Financial Officer Signature	Date (DD/MM/YY)			
			l	
Chief Administrative Officer (City Manager)				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provid	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			

From:
To:
Accounts Payable

Subject: FW: Cllr Hansen - September Expense Claim

Date:October 13, 2020 3:46:21 PMAttachments: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

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From: Jacquie Hansen < jhansen@stalbert.ca>

Sent: October 13, 2020 3:41 PM

To:

Subject: RE: Cllr Hansen - September Expense Claim

Looks good Rayann. Thank you.

From:

Sent: Tuesday, October 13, 2020 1:30 PM **To:** Jacquie Hansen < <u>ihansen@stalbert.ca</u>>

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

Executive Assistant | Office of the Mayor and Council





From:

Sent: October 7, 2020 2:14 PM

To: Jacquie Hansen < <u>jhansen@stalbert.ca</u>> **Subject:** Cllr Hansen - September Expense Claim

Good morning Cllr Hansen,

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

Thanks!

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From: Accounts Payable

To:

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:

Sent: October 28, 2020 4:47 PM

To:

Cc:

Subject: FW: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim

Approved by Kevin below.

Thanks,

Senior Executive Assistant

Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Wednesday, October 28, 2020 4:39 PM

To:

Subject: FW: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim

approved

Kevin Scoble

Chief Administrative Officer
Office of the Chief Administrative Officer

-

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Wednesday, October 14, 2020 7:56 AM

To: Kevin Scoble

Subject: FOR APPROVAL: Councillor Hansen's Sep 2020 Expense Claim

Hello,

For your approval, please.

Thanks,

Senior Executive Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie <

Sent: Tuesday, October 13, 2020 4:39 PM

To:

Cc:

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

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

www.stalbert.ca

From:

Sent: October 13, 2020 4:15 PM

To: Diane McMordie

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

Accounts Payable Coordinator | Financial Services

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

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