



Council Member Monthly Expense Claim Form

|                              |
|------------------------------|
| Select From List             |
| Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 20-08-20 Month July Year 2020

| 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 @ 0.505/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 | CAT 2 Project CAT4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             |                           |                                  |                  |          |         |                              |                    |       |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             |                           |                                  |                  |          |         |                              |                    |       |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sub-Total                        |                         |  |    |                 |                                 |  |    |                 |                             |                           |                                  |                  |          |         |                              |                    |       |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Sub-Total \$ -

| 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 | CAT 2 Project CAT4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    | -     |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sub-Total                |                         |  |    |                 |                            |  |    |                 |                        |                           |                                  |                  |          |         |   |                    |       |           |      |          |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Sub-Total \$ -



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 20-08-20 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 | 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:

Date Submitted  Month  Year

| Operating Supplies/Telephone/Internet/Sponsorships |  | Total | GL Coding |          |                    |                       |
|--|--|-------|-----------|----------|--------------------|-----------------------|
| Date (DD/MM/YY)                                    | Detailed Description   |       | ACCT      | Cost Ctr | CAT 2 Project CAT7 | Expense Type          |
|  | Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) |       |           |          |                    |                       |
| 07/13/2020   | Virgin Mobile  | 37.21 | 6404      | 1010     | 516106 N/A         | Mobile Device Charge  |
| 07/03/2020   | Shaw Cable   | 70.00 | 6404      | 1010     | 516106 N/A         | Office/Operating Supp |
|  |  |       |           |          |                    |                       |
|  |  |       |           |          |                    |                       |
|  |  |       |           |          |                    |                       |
|  |  |       |           |          |                    |                       |

Sub-Total \$ 107.21

| 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 Hughes

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\*\***
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                | \$ | 107.21 |
| Less: BMO MasterCard                | \$ | -      |
| Less: Expenses Paid                 | \$ | -      |
| Net to be paid to Councillor Hughes | \$ | 107.21 |

| Training and Development Activities |  |
|-------------------------------------|--|
| Date (DD/MM/YY)                     | Description of Activity Content and any learning/information worth sharing |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |

| Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees) |  |         |
|--|--|---------|
| Date (DD/MM/YY)  | Meeting Name                               | Updates |
| 2020-07-02   | Annexation Negotiation Committee Pre-Brief |         |
| 2020-07-08   | Internal Audit Steering Committee          |         |
| 2020-07-16   | Internal Audit Steering Committee          |         |



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 20-08-20

Month July

Year 2020

|            |  |  |
|------------|--|--|
| 2020-07-17 | Committee of the Whole                     |  |
| 2020-07-22 | Annexation Negotiation Committee Pre-Brief |  |
| 2020-07-30 | Annexation Negotiation Committee Pre-Brief |  |
|            |  |  |
|            |  |  |
|            |  |  |
|            |  |  |
|            |  |  |
|            |  |  |
|            |  |  |



### Council Member Monthly Expense Claim Form

|                              |
|------------------------------|
| Select From List             |
| Do not enter in "Grey" cells |

Name:

Date Submitted:

Month:

Year:

**Authorizations & Approvals**

Councillor Hughes

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:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Hughes (July Expenses) Revised  
**Date:** September 17, 2020 1:32:46 PM  
**Attachments:** [Councillor Hughes Inv #July2020.pdf](#)

---

Hi [REDACTED]  
Please see attached expenses for Councillor Hughes.  
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 Hughes (July Expenses) Revised

Approved

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

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

---

**From:** Sarah Preston <[spreston@stalbert.ca](mailto:spreston@stalbert.ca)>  
**Sent:** Wednesday, September 2, 2020 2:52 PM  
**To:** Kevin Scoble <[kscoble@stalbert.ca](mailto:kscoble@stalbert.ca)>  
**Subject:** FW: Councillor Hughes (July Expenses) Revised

Hi Kevin,

For approval.  
Thanks.

**Sarah Preston**  
Administrative Assistant  
Office of the Chief Administrative Officer  
**P:** 780-418-6096 | [spreston@stalbert.ca](mailto:spreston@stalbert.ca)  
***Bringing Our Best to Cultivate An Amazing Community***

---

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

**Sent:** September 2, 2020 11:36 AM  
**To:** Sarah Preston <[spreston@stalbert.ca](mailto:spreston@stalbert.ca)>  
**Cc:** Lynda Lavallee <[llavallee@stalbert.ca](mailto:llavallee@stalbert.ca)>  
**Subject:** FW: Councillor Hughes (July Expenses) Revised

Approved. Please obtain Kevin's approval then forward email string back to Lynda.

Thanks

**Diane McMordie, CPA, CMA**  
*Director, Finance & Assessment / Chief Financial Officer*  
P 780-459-1758 | C 780-862-1348  
City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9  
[dmcordie@stalbert.ca](mailto:dmcordie@stalbert.ca) | [www.stalbert.ca](http://www.stalbert.ca)

---

**From:** [REDACTED]  
**Sent:** September 2, 2020 11:09 AM  
**To:** Diane McMordie [REDACTED]  
**Subject:** Councillor Hughes (July Expenses) Revised

Hi Diane

Attached is the revised expense claim for Councillor Hughes for July. Could you please approve & forward to Kevin S. for approval.

Thank you

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*

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

[www.facebook.com/cityofstalbert](http://www.facebook.com/cityofstalbert) | [www.twitter.com/cityofstalbert](http://www.twitter.com/cityofstalbert)



NOTICE -

This communication is intended only for the addressee and may contain information that is confidential, protected, or legally privileged. If you are not the addressee, any use, distribution, or copying of this communication or the information contained in it is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and then destroy or delete this communication, or return it by mail as the sender requests.





Council Member Monthly Expense Claim Form

|                              |
|------------------------------|
| Select From List             |
| Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 04-09-20 Month: August Year: 2020

| 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 @ 0.505/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 | CAT 2 Project CAT4 |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |           |           |          |                    |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             |                           |                                  |                  |          |         |                              |                    | Sub-Total |           | \$       | -                  |

| 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 | CAT 2 Project CAT4 |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |           |           |          |                    |
|                          |                         |  |    |                 |                            |  |    |                 |                        |                           |                                  |                  |          |         |   |                    | Sub-Total |           | \$       | -                  |



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 04-09-20 Month: August 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 | 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 Hughes

Date Submitted: 04-09-20 Month: August Year: 2020

| Operating Supplies/Telephone/Internet/Sponsorships   |                      | Total | GL Coding |          |                       |                              |
|--|----------------------|-------|-----------|----------|-----------------------|------------------------------|
| Date (DD/MM/YY)  | Detailed Description |       | ACCT      | Cost Ctr | CAT 2<br>Project CAT7 | Expense Type                 |
| Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) |                      | Total |           |          |                       |                              |
| 10-01-19   | Telus Mobility       | 37.21 | 6404      | 1010     | 516106                | N/A<br>Mobile Device Charge  |
| 17-01-19   | Shaw Cable           | 70.00 | 6404      | 1010     | 516106                | N/A<br>Office/Operating Supp |
|  |                      |       |           |          |                       |                              |
|  |                      |       |           |          |                       |                              |
|  |                      |       |           |          |                       |                              |
|  |                      |       |           |          |                       |                              |
|  |                      |       |           |          |                       |                              |

Sub-Total \$ 107.21

| 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 Hughes

Date Submitted: 04-09-20    Month: August    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\*\***
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                | \$ 107.21 |
| Less: BMO MasterCard                | \$ -      |
| Less: Expenses Paid                 | \$ -      |
| Net to be paid to Councillor Hughes | \$ 107.21 |

| Training and Development Activities |  |
|-------------------------------------|--|
| Date (DD/MM/YY)                     | 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 |
| 2020-08-07   | Annexation Negotiation Committee  |         |
| 2020-08-13   | Internal Audit Steering Committee |         |
| 2020-08-19   | Committee of the Whole            |         |



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 04-09-20

Month August Year

2020

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



# Council Member Monthly Expense Claim Form

|                              |
|------------------------------|
| Select From List             |
| Do not enter in "Grey" cells |

Name: **Councillor Hughes**

Date Submitted **04-09-20** Month **August** Year **2020**

**Authorizations & Approvals** **Councillor Hughes** **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:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Hughes (August Expenses)  
**Date:** September 17, 2020 1:30:36 PM  
**Attachments:** [Councillor Hughes Inv #Aug2020.pdf](#)

---

Hi Lynda,

Please see attached expenses for Councillor Hughes.  
Thanks.

[REDACTED]  
Administrative Assistant  
Office of the Chief Administrative Officer

*Bringing Our Best to Cultivate An Amazing Community*

---

**From:** Kevin Scoble [REDACTED]  
**Sent:** September 17, 2020 12:53 PM  
**To:** [REDACTED]  
**Subject:** RE: Councillor Hughes (August Expenses)

Approved

**Kevin Scoble**  
*Chief Administrative Officer*

*Bringing Our Best to Cultivate An Amazing Community*

---

**From:** [REDACTED]  
**Sent:** Wednesday, September 2, 2020 2:51 PM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FW: Councillor Hughes (August Expenses)

Hi Kevin,

For approval.  
Thanks.

[REDACTED]  
Administrative Assistant  
Office of the Chief Administrative Officer

*Bringing Our Best to Cultivate An Amazing Community*

---

**From:** Diane McMordie [REDACTED]  
**Sent:** September 2, 2020 11:41 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Hughes (August Expenses)

Approved. For Kevin's approval then back to Lynda

**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)

---

**From:** [REDACTED]  
**Sent:** September 2, 2020 11:23 AM  
**To:** Diane McMordie [REDACTED]  
**Subject:** Councillor Hughes (August Expenses)

Hi Diane

Attached are Councillor Hughes's August expenses. Could you please approve and forward to Kevin S. for approval.

Thank you

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

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

[www.facebook.com/cityofstalbert](https://www.facebook.com/cityofstalbert) | [www.twitter.com/cityofstalbert](https://www.twitter.com/cityofstalbert)



NOTICE -

This communication is intended only for the addressee and may contain information that is confidential, protected, or legally privileged. If you are not the addressee, any use, distribution, or copying of this communication or the information contained in it is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and then destroy or delete this communication, or return it by mail as the sender requests.





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 @ 0.505/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 | CAT 2<br>Project CAT4 |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
|                                  |                         |  |    |                 |                                 |  |    |                 |                             | -                         |                                  |                  |          |         |                              |                    |       |           |          |                       |
| Sub-Total                        |                         |  |    |                 |                                 |  |    |                 |                             |                           |                                  |                  |          |         |                              |                    | \$    |           |          |                       |

| 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 | CAT 2<br>Project CAT4 |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
|                          |                         |  |    |                 |                            |  |    |                 |                        | -                         |                                  |                  |          |         |   |                    |       |           |          |                       |
| Sub-Total                |                         |  |    |                 |                            |  |    |                 |                        |                           |                                  |                  |          |         |   |                    | \$    |           |          |                       |



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 02-10-20 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 | 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:

Date Submitted  Month  Year

| Operating Supplies/Telephone/Internet/Sponsorships |  | Total | GL Coding |          |                    |                       |
|--|--|-------|-----------|----------|--------------------|-----------------------|
| Date (DD/MM/YY)                                    | Detailed Description   |       | ACCT      | Cost Ctr | CAT 2 Project CAT7 | Expense Type          |
|  | Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) |       |           |          |                    |                       |
| 10-01-19   | Mobility   | 37.21 | 6404      | 1010     | 516106 N/A         | Mobile Device Charge  |
| 17-01-19   | Shaw Cable   | 70.00 | 6404      | 1010     | 516106 N/A         | Office/Operating Supp |
|  |  |       |           |          |                    |                       |
|  |  |       |           |          |                    |                       |
|  |  |       |           |          |                    |                       |
|  |  |       |           |          |                    |                       |

Sub-Total \$ 107.21

| BMO MasterCard Expenses |               | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total  |
|-------------------------|---------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| Date (DD/MM/YY)         |               |                                  |                  |          |         |                              |                    |        |
| 20-09-08                | Binder Clips  |                                  |                  |          |         |                              | 12.37              | 12.37  |
| 20-09-29                | Printer Toner |                                  |                  |          |         |                              | 172.19             | 172.19 |
|                         |               |                                  |                  |          |         |                              |                    | -      |
|                         |               |                                  |                  |          |         |                              |                    | -      |
|                         |               |                                  |                  |          |         |                              |                    | -      |
|                         |               |                                  |                  |          |         |                              |                    | -      |
|                         |               |                                  |                  |          |         |                              |                    | -      |
|                         |               |                                  |                  |          |         |                              |                    | -      |
|                         |               |                                  |                  |          |         |                              |                    | -      |

Sub-Total \$ 184.56



### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 02-10-20    Month: September 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\*\***
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                       | \$        | 291.77        |
| Less: BMO MasterCard                       | -\$       | 184.56        |
| Less: Expenses Paid                        | \$        | -             |
| <b>Net to be paid to Councillor Hughes</b> | <b>\$</b> | <b>107.21</b> |

| Training and Development Activities |  |
|-------------------------------------|--|
| Date (DD/MM/YY)                     | 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 Name                                      | Updates                    |
| 2020-09-09   | In Camera - Services and Service Level Discussion |                            |
| 2020-09-11   | Organizational Review                             | Meeting with Ernst & Young |
| 2020-09-22   | Internal Audit Steering Committee                 |                            |



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 02-10-20

Month September Year 2020

|            |   |  |
|------------|---|--|
| 2020-09-28 | In Camera - Provincial Landscape Workshop |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |
|            |   |  |



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 02-10-20 Month: September Year: 2020

**Authorizations & Approvals** Councillor Hughes 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 Hughes (Sept 2020 Expenses)  
**Date:** October 8, 2020 4:36:22 PM  
**Attachments:** [Councillor Hughes Inv #Sept2020.pdf](#)

---

Approved below.

Thanks,

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

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

---

**From:** Kevin Scoble [REDACTED]  
**Sent:** Thursday, October 8, 2020 4:33 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Hughes (Sept 2020 Expenses)

Approved

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

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

---

**From:** [REDACTED]  
**Sent:** Tuesday, October 6, 2020 12:49 PM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Hughes (Sept 2020 Expenses)

Hi,

Another one for 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 6, 2020 12:35 PM  
**To:** [REDACTED]  
**Cc:** Lynda Lavallee [REDACTED]  
**Subject:** FW: Councillor Hughes (Sept 2020 Expenses)

I Approve. Please arrange for Kevin's approval then back to Lynda

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)

---

**From:** [REDACTED]  
**Sent:** October 6, 2020 9:57 AM  
**To:** Diane McMordie [REDACTED]  
**Subject:** Councillor Hughes (Sept 2020 Expenses)

Hi Diane

Attached is Councillor Hughes Sept expense claim which I have reviewed.

Could you please approve & forward to Kevin for approval.

Thank you

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*  
[REDACTED] [REDACTED]  
City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9  
[REDACTED] | [www.stalbert.ca](http://www.stalbert.ca)

[www.facebook.com/cityofstalbert](http://www.facebook.com/cityofstalbert) | [www.twitter.com/cityofstalbert](http://www.twitter.com/cityofstalbert)



NOTICE -

This communication is intended only for the addressee and may contain information that is confidential,



protected, or legally privileged. If you are not the addressee, any use, distribution, or copying of this communication or the information contained in it is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and then destroy or delete this communication, or return it by mail as the sender requests.