



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 18-08-20 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
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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
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Sub-Total																	\$	-		



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Name: Councillor MacKay

Date Submitted: 18-08-20

Month: July Year: 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region-specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding				
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224			ACCT	Cost Ctr	CAT 2 Project	CAT4
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										-							-					

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
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Sub-Total \$ -



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Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 18-08-20 Month: July Year: 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				Expense Type
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	N/A	
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							
26-07-20	Home Office Internet	70.00		6404 1010	516109	N/A	Mobile Device Charge
							Office/Operating Supp

Sub-Total \$ 70.00

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



## Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 18-08-20 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)								
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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	\$ 70.00
Less: BMO MasterCard	\$ -
Directly	\$ -
<b>Net to be paid to: Councillor MacKay</b>	<b>\$ 70.00</b>

Training and Development Activities	
Activity Name	Description of Activity Content and any learning/information worth sharing

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Name of Meeting	Updates
07/08/2020	COVID-19 Recovery Task Force Meetings	
07/17/2020	Committee of the Whole	
07/22/2020	COVID 19 Recovery Task Force	
07/22/2020	Special Council Meeting	



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 18-08-20

Month July

Year 2020




# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

**Authorizations & Approvals** Councillor MacKay      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.

<hr/>	<hr/>
Preparer's Signature	Date (DD/MM/YY)

Rayann Laforce      18-08-20

**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.

<hr/>	<hr/>
Council Member's Signature	Date (DD/MM/YY)

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

<hr/>	<hr/>
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

<hr/>	<hr/>
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

<hr/>	<hr/>
City Manager Signature	Date (DD/MM/YY)

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Councillor MacKay's July 2020 Claim  
**Date:** August 20, 2020 3:07:17 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[Councillor MacKay July 2020 Expenses.pdf](#)

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Hi Barb,

Please see attached expenses for Councillor MaKay.

Thanks!

Sarah

[REDACTED]  
Administrative Assistant  
Office of the Chief Administrative Officer

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---

**From:** Kevin Scoble [REDACTED]  
**Sent:** August 20, 2020 2:59 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor MacKay's July 2020 Claim

Approved

**Kevin Scoble**  
*Chief Administrative Officer*

*Bringing Our Best to Cultivate An Amazing Community*

---

**From:** [REDACTED]  
**Sent:** Thursday, August 20, 2020 9:54 AM  
**To:** Kevin Scoble [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FOR APPROVAL: Councillor MacKay's July 2020 Claim

Let me/Sarah know if approved.

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

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

---

**From:** Diane McMordie [REDACTED]  
**Sent:** Thursday, August 20, 2020 8:14 AM  
**To:** [REDACTED]  
**Subject:** FW: Councillor MacKay's July 2020 Claim

Approved. Please forward for Kevin's signature

Thanks

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

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\_\_\_\_\_

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Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 08/02/2020

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	Project CAT4	
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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	Project CAT4	
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Sub-Total																	\$	-			



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Name: Councillor MacKay

Date Submitted 08/02/2020

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	CAT 2 Project CAT4
										-							-			
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										-							-			

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
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										-							-				

Sub-Total \$ -



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 08/02/2020

Month August Year 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)			ACCT	Cost Ctr	CAT 2 Project	CAT7	
Date (DD/MM/YY)	Detailed Description						
26/07/2020	Home Office Internet	70.00		6404 1010	516109	N/A	Mobile Device Charge
							Office/Operating Supp

Sub-Total \$ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Detailed Description							
08/19/2020	MacKay Virtual AUMA Leaders Caucus Registration					26.25		26.25
07/21/2020	2020 AUMA Convention - Virtual Event					105.00		105.00
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Sub-Total \$ 131.25



## Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 08/02/2020

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)							-
							-
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Sub-Total \$ -

- Claim Reminders:  
**\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  - For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
  - It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Grand Total Expenses	\$ 201.25
Less: BMO MasterCard Directly	-\$ 131.25
Net to be paid to: Councillor MacKay	\$ 70.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Name of Meeting	Updates
08/04/2020	Special Council Meeting	
08/05/2020	COVID-19 Recovery Task Force	
08/11/2020	Agenda Planning	
08/13/2020	Edmonton Metropolitan Region Board Meeting	
08/18/2020	Agenda Planning	



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Name: Councillor MacKay

Date Submitted 08/02/2020

Month August Year 2020

08/19/2020	COVID-19 Recovery Task Force	
08/19/2020	Committee of the Whole	
08/20/2020	Edmonton Global Special Shareholder Meeting	
08/24/2020	Community Growth and Infrastructure	
08/25/2020	Agenda Planning	



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

<b>Authorizations &amp; Approvals</b>	<b>Councillor MacKay</b>	<b>August</b>	<b>2020</b>
---------------------------------------	--------------------------	---------------	-------------

**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: Cllr MacKay - August Expenses  
**Date:** Thursday, November 19, 2020 11:27:07 AM  
**Attachments:** [MacKay ShawInvoice.pdf](#)  
[MacKay - Council Expense Claim.xlsm](#)  
[COUNCILLOR MACKAY INV# AUG 2020.pdf](#)

---

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, November 19, 2020 8:28 AM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Cllr MacKay - August Expenses

Approved

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

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**From:** [REDACTED]  
**Sent:** Thursday, November 12, 2020 11:03 AM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Cllr MacKay - August Expenses

This one got lost in the shuffle. Please approve.

Thanks,

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

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---

**From:** [REDACTED]  
**Sent:** Tuesday, September 8, 2020 1:50 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Cllr MacKay - August Expenses

Approved. For Kevin's review and approval and then back to Danielle.

Thanks

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

---

**From:** [REDACTED]  
**Sent:** September 8, 2020 12:38 PM  
**To:** Diane McMordie [REDACTED]  
**Subject:** FW: Cllr MacKay - August Expenses

Hi Diane,  
I have reviewed Councillor Mackay's August expense claim for mathematical accuracy and back up. Please review the attached expense claim (I have combined the claim form and the back up in the PDF named "Councillor Mackay INV# Aug 2020"). If everything looks good, please approve and forward.  
Thanks,

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

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

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**From:** [REDACTED]  
**Sent:** Thursday, September 3, 2020 12:25 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Cllr MacKay - August Expenses

Hi Rayann,

Danielle is back so I have sent it on to her.

Barb

---

**From:** [REDACTED]  
**Sent:** September 3, 2020 9:00 AM  
**To:** [REDACTED]  
**Subject:** FW: Cllr MacKay - August Expenses

---

**From:** [REDACTED]  
**Sent:** September 3, 2020 8:03 AM  
**To:** [REDACTED]  
**Subject:** FW: Cllr MacKay - August Expenses

Good morning,

Please find attached Cllr MacKay's approved August expense claim.

Kind Regards,

Rayann

**Rayann Laforce**  
**Executive Assistant | Office of the Mayor and Council**

[REDACTED] [REDACTED]

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---

**From:** Ken MacKay <[kmackay@stalbert.ca](mailto:kmackay@stalbert.ca)>  
**Sent:** September 2, 2020 8:45 PM  
**To:** [REDACTED]  
**Subject:** RE: Cllr MacKay - August Expenses

All good thanks

**Ken MacKay** MBA, BPE  
**Councillor**

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

[www.facebook.com/cityofstalbert](#) | [www.twitter.com/KenMacKay1119](#)



---

**From:** [REDACTED]  
**Sent:** September 2, 2020 3:53 PM  
**To:** Ken MacKay <[kmackay@stalbert.ca](mailto:kmackay@stalbert.ca)>  
**Subject:** Cllr MacKay - August Expenses

Hi Cllr MacKay,

Please find attached your August expenses for your review and approval.

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

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



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 10/07/2020

Month September 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	Project CAT4
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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	Project CAT4
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
Sub-Total																	\$	-		



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 10/07/2020

Month September Year 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project CAT2 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
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Name: Councillor MacKay

Date Submitted 10/07/2020

Month September Year 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)			ACCT	Cost Ctr	CAT 2 Project	CAT7	
Date (DD/MM/YY)	Detailed Description						
26/08/2020	Home Office Internet	70.00		6404 1010	516109	N/A	Mobile Device Charge
							Office/Operating Supp

Sub-Total \$ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Detailed Description							
09/11/2020	Water Environment Federation Renewal						205.00	205.00
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 205.00



## Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: 
Date Submitted: 
Month: 
Year:

Date (DD/MM/YY)	Expenses Paid Directly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
								-
								-
								-
								-
								-
								-
								-
								-

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	\$ 275.00
Less: BMO MasterCard	-\$ 205.00
Directly	\$ -
<b>Net to be paid to: Councillor MacKay</b>	<b>\$ 70.00</b>

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
09/16/2020	Carbon Credits 101 Webinar	
09/16/2020	Posted Speed Public Engagement	
09/22/2020	Alberta PCP Community of Practice - September 2020 by Municipal Climate Change Action	
09/24/2020	Mid-Sized Mayors	
09/24/2020	2020 AUMA Convention	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Name of Meeting	Updates
09/01/2020	Agenda Planning	
09/02/2020	COVID-19 Recovery Task Force	
09/02/2020	Intermunicipal Negotiating Committee on Recreation	
09/03/2020	Council and AHF Annual Meeting	



### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

09/08/2020	Regular Council Meeting	
09/09/2020	Agenda Planning	
09/14/2020	Community Living Standing Committee Mtg	
09/15/2020	Agenda Planning	
09/21/2020	Regular Council Meeting	
09/22/2020	COVID-19 Recovery Task Force	
09/28/2020	Committee of the Whole	
09/29/2020	Agenda Planning	
09/30/2020	COVID-19 Recovery Task Force	



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 10/07/2020

Month September Year 2020

**Authorizations & Approvals** Councillor MacKay 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:** [Accounts Payable](#)  
**Cc:** [Brittany Switzer](#)  
**Subject:** FW: FOR APPROVAL: Cllr MacKay - September Expense Claim  
**Date:** Wednesday, October 28, 2020 4:47:04 PM  
**Attachments:** [MacKay - Council Expense Claim.xlsm](#)  
[MacKay - Water Environment Federation Renewal.pdf](#)  
[MacKay Shaw Internet \(2\).pdf](#)  
[MacKay - Council Expense Claim.pdf](#)

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Approved by Kevin below.

Thanks,

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

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

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**From:** Kevin Scoble [REDACTED]  
**Sent:** Wednesday, October 28, 2020 4:40 PM  
**To:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Cllr MacKay - September Expense Claim

approved

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

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

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**From:** [REDACTED]  
**Sent:** Tuesday, October 13, 2020 3:07 PM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FOR APPROVAL: Cllr MacKay - September Expense Claim

Hello,

For your approval, please.

Thanks,

[REDACTED]  
*Senior Executive Assistant*

Office of the Chief Administrative Officer

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

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**From:** Diane McMordie [REDACTED]  
**Sent:** Tuesday, October 13, 2020 3:00 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Cllr MacKay - September Expense Claim

Hi Alayna

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

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 13, 2020 12:44 PM  
**To:** Diane McMordie [REDACTED]  
**Subject:** FW: Cllr MacKay - September Expense Claim

Hi Diane,  
I have reviewed Councillor MacKay's September 2020 expense claim for back up and mathematical accuracy. Please review the attached claim and approve if all looks good.  
Thanks,

[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)



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**From:** [REDACTED]  
**Sent:** Thursday, October 8, 2020 9:53 AM  
**To:** [REDACTED]  
**Subject:** FW: Cllr MacKay - September Expense Claim

Good morning,

Please find attached Cllr MacKay's approved September expense claim form.

Kind Regards,

Rayann

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

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**From:** Ken MacKay <[kmackay@stalbert.ca](mailto:kmackay@stalbert.ca)>  
**Sent:** October 7, 2020 3:40 PM  
**To:** [REDACTED]  
**Subject:** RE: Cllr MacKay - September Expense Claim

Hi, looks good, thanks

**Ken MacKay** MBA, BPE  
**Councillor**  
City of St. Albert | 5 St. Anne Street | St. Albert, AB | T8N 3Z9  
**P:** 780-459-1697 | **C:** 780-782-0982 | [kmackay@stalbert.ca](mailto:kmackay@stalbert.ca) | [www.stalbert.ca](http://www.stalbert.ca)  
[www.facebook.com/cityofstalbert](https://www.facebook.com/cityofstalbert) | [www.twitter.com/KenMacKay1119](https://www.twitter.com/KenMacKay1119)



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**From:** [REDACTED]  
**Sent:** October 7, 2020 11:44 AM  
**To:** Ken MacKay <[kmackay@stalbert.ca](mailto:kmackay@stalbert.ca)>  
**Subject:** Cllr MacKay - September Expense Claim

Good morning Cllr MacKay,

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

Thanks!

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED]

*Bringing Our Best to Cultivate An Amazing Community*