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Name: Councillor MacKay

Date Submitted 18-08-20 Month July Year 2020

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	in-Region Mileage Ci	aim based on Chart	/Return	Chart)	specific	<u>c mileage)</u>	/Return	Specific	U.5U5/KM	Parking "	Accommodations "	Alrrare"	ivieais "		Expenses	Total		GL Coc	aing NAT 2	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	122) 122	5 1226	3 1221	1222	2 122	2	ACCT	Cost Ctr Pi	roject CAT4	
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Sub-Total \$ -

Professional Dev	plopment	In-Region Mileage Cl	aim based on Chart	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses * To	otal		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221		1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4	
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ub-Total	\$ -



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Name:

Councillor MacKay

Date Submitted

18-08-20 Month

uly Year

2020

AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milea	age Claim (or In-Region, ic mileage)	One Way	Claim-		Other Transportation & Parking *	Accommodations	* Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL C		
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1:	222 1226	1227	7 1225	1224		ACCT		CAT 2 Project CAT4	
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Sub-Total

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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl₃		One Way		ge Claim (or In-Region,	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	/	Registration Event Ticket	General Expenses * 1	Γotal		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	122	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CAT4	
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Sub-Total

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Select From List

Do not enter in

"Grey" cells

Name:

Councillor MacKay

Date Submitted

18-08-20 Month

uly

2020

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

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

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Claim Reminders

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

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

Sub-Total \$

\$ 70.00
\$ -
\$ -
\$ 70.00
\$ \$

Training and Deve	Jonment Activities	
Training and Deve	Hopment Activities	
Activity Name	Description of Activity Content and any learning/inf	formation worth sharing
Board, Committee	, Agency meetings attended (Includes both Cou	acii 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	
3112212020	opoolal Courion Modeling	



Select From List	
Do not enter in "Grey" cells	

Name:	Councillor MacKay			Date Submitted	18-08-20	Month	July	Year	2020



Name:

Councillor MacKay

Council Member Monthly Expense Claim Form

Select From List

Do not enter in

"Grey" cells

Date Submitted

18-08-20

Month July

2020

Authorizations & Approvals		Councillor MacKay
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		
Council Member I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the was completed by another individual. All applicable receipts have been attached.	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
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 is	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)	

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

From:
To:
Cc:
Subject: Geometries MacKovilla July 3

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

Hi Barb,

Please see attached expenses for Councillor MaKay.

Thanks! Sarah

Administrative Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble

Sent: August 20, 2020 2:59 PM

To:

Cc:

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:

Sent: Thursday, August 20, 2020 9:54 AM

To: Kevin Scoble

Cc:

Subject: FOR APPROVAL: Councillor MacKay's July 2020 Claim

Let me/Sarah know if approved.

Senior Executive Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie

Sent: Thursday, August 20, 2020 8:14 AM

To:

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

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

www.stalbert.ca



Select From List

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Name: Councillor MacKay

Date Submitted 08/02/2020 Month August Year 2020

		In an				I N A''I							
General Council Related Business		Mileage Claim km	n's			Mileage Claim	Mileage	Other Transportation 8 Parking *			Registration /Event Ticket General		
General Council Related Business	In-Region Mileage Claim based on Cha	One Way (From	Out-of-Region Mileag	<u>je Claim (or In-Region, </u>	One Way	km's-	Amount @	Transportation 8			/Event Ticket General		
	In-Region Mileage Claim based on Cha	rt /Return Chart)	specific	mileage)	/Return	Specific	0.505/km	Parking *	Accommodations *	Airfare* Meals *	* Expenses '	Total	GL Coding
Date (DD/MM/YY) Nature of Event/Meeting	From To		From	То	CAT7_		1220	1220	1225	5 1226 12	21 1222 122	2	ACCT Cost Ctr Project CAT4
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Professional Dev	elopment	In-Region Mileage C	claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation Parking *	& Accommodation	ns * Airfare*	Meals *	Conference or Course Registration /Event Ticket Ge * Ex	neral penses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1221			1222 1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total \$ -



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2020

Name: Councillor MacKay

Date Submitted 08/02/2020 Month August Year

AUMA or FCM Con	nvention or Board Expenses	In-Region Mileage Cla	aim based on Chart	Mileage One Way Claim (From /Return Chart)	Out-of-Region Milea specifi	age Claim (or In-Region, c mileage)	One Way /Return	Claim-	Amount @	Other Transportation Parking *	& Accommodations *	Airfare*	or Re /E	onference Course egistration vent Ticket	General Expenses * Tota	al		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	122	21 1222	1226	1227	1225	1224	AC	CCT C	CAT 2 ost Ctr Project (CAT4
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Sub-Total \$ -

Office of the Mayor (Official Events & Duties)	In-Region Mileage (Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milea specifi	ge Claim (or In-Region, c mileage)	One Way /Return	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare* Meals *	Registration /Event Ticket Genera * Expens	es * Total		GL Coding	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	122	5 1226 12	221 1222	222	ACCT	Cost Ctr CAT3 CAT4	
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Sub-Total \$ -



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Name: Councillor MacKay

Date Submitted 08/02/2020 Month August Year 2020

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

Sub-Total \$ 70.00

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



Select From List

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"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 & Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses * Total
Date (DD/MM/YY)					
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Claim Reminders:

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

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

Sub-Total

\$ 201.25 -\$ 131.25

Net to be paid to: Councillor MacKay

Grand Total Expenses

Directly

Less: BMO MasterCard

\$ 70.00

Training and Dev	relopment Activities	
Activity Name	Description of Activity Content and any learning/inf	ormation worth sharing
Activity Name	Description of Activity Content and any learning/inf	offilation worth sharing
Board, Committe	e, Agency meetings attended (Includes both Cour	ncil appointed and other approved committees)
Date of Meeting	Name of Meeting	Updates
Date of Meeting	Training of Missaining	
00/04/0000		
08/04/2020	Special Council Meeting	
08/05/2020	COVID-19 Recovery Task Force	
08/11/2020	Agenda Planning	
00/43/3030	Edmonton Motronolitan Boxian Board Mastins	
08/13/2020	Edmonton Metropolitan Region Board Meeting	
08/18/2020	Agenda Planning	



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August	Year	2020	

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					



Name:

Councillor MacKay

Council Member Monthly Expense Claim Form

Select From List

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Date Submitted 08/02/2020

August Yea

2020

Authorizations & Approvals		Councillor MacKay	August	2020
Preparer If claim form was prepared by an individual other than the Council Member, sign and da This expense claim form was prepared in accordance with all information provided by the				
Preparer's Signature	Date (DD/MM/YY)			
Council Member I certify that the expenditures claimed on this form were incurred while conducting busir was completed by another individual. All applicable receipts have been attached.	ess on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serio	us matter. I understand that I am solely responsible for the details of the claim even if the form		
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable have reviewed this claim for mathematical accuracy and documentation support.				
Accounts Payable Personnel Signature	Date (DD/MM/YY)			
Chief Financial Officer				
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)				
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				

From:
To:
Cc: ;

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,

Senior Executive Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble

Sent: Thursday, November 19, 2020 8:28 AM

To:

Subject: RE: FOR APPROVAL: Cllr MacKay - August Expenses

Approved

Kevin Scoble

Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Thursday, November 12, 2020 11:03 AM

To:

Subject: FOR APPROVAL: Cllr MacKay - August Expenses

This one got lost in the shuffle. Please approve.

Thanks,

Senior Executive Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From:
Sent: Tuesday, September 8, 2020 1:50 PM
To:
Cc:
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

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

From:

Sent: September 8, 2020 12:38 PM

To: Diane McMordie

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.

Accounts Payable Coordinator | Financial Services

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

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



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From:

Sent: Thursday, September 3, 2020 12:25 PM

To:

Cc:

Subject: FW: Cllr MacKay - August Expenses

Hi Rayann,

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

Barb

From:

Sent: September 3, 2020 9:00 AM

To:

Subject: FW: Cllr MacKay - August Expenses

From:

Sent: September 3, 2020 8:03 AM

To:

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

Bringing Our Best to Cultivate An Amazing Community

From: Ken MacKay < <u>kmackay@stalbert.ca</u>>

Sent: September 2, 2020 8:45 PM

To:

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:

Sent: September 2, 2020 3:53 PM

To: Ken MacKay < <u>kmackay@stalbert.ca</u>> **Subject:** Cllr MacKay - August Expenses

Hi Cllr MacKay,

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

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community



Select From List

Do not enter in "Grey" cells

2020

Name: Councillor MacKay

Date Submitted 10/07/2020 Month September Year

General Council R	elated Business	In-Region Mileage Cla	aim based on Chart	Mileage Claim km One Way (From /Return Chart)	Out-of-Region Milea	ge Claim (or In-Region, c mileage)	One Way /Return	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations * A	irfare*	Meals *	Registration /Event Ticket *	General Expenses * To	tal		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_	_	1220	1220	1225	1226	1221	1222	2 1222		ACCT	CAT 2 Cost Ctr Project C	CAT4
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Sub-Total \$ -

Professional Dev		In-Region Mileage Cla	aim based on Chart	Mileage One Way Claim (Fron /Return Chart)	o <u>Out-of-Regi</u>	ion Mileage Claim (or In-Region, specific mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations * A	Airfare* N		se ition Ticket Gener	al ses * Total			GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From		CAT7_		1221			1226	1227	1225	1224	,	ACCT (CAT 2 Cost Ctr Project	
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Sub-Total \$ -



Select From List

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

Office of the Mayor (Official Events & Duties)	In-Region Mileage (Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milea specifi	ge Claim (or In-Region, c mileage)	One Way /Return	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare* Meals *	Registration /Event Ticket Genera * Expens	es * Total		GL Coding	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	122	5 1226 12	221 1222	1222	ACCT	Cost Ctr CAT3 CAT4	
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Sub-Total \$ -



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Sub-Total

Name: Councillor MacKay

Date Submitted 10/07/2020 Month September Year 2020

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

BMO MastorCard Expenses

Cither Transportation & Accommodations Autiens Total Expenses Total Expenses Accommodations Autiens Autiens Accommodations Autiens Accommodations Autiens Accommodations Autiens Accommodations Autiens Accommodations Autiens Accommodations Autiens Autiens Autiens Accommodations Autiens Autiens Autiens Accommodations Autiens Autiens Accommodations Autiens Aut

Sub-Total \$ 205.00

\$ 70.00



Select From List Do not enter in "Grey" cells

Name: Councillor MacKay

Month September Year 2020

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

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

Sub-Total

Training and Deve	elopment Activities	
Activity Name	Description of Activity Content and any learning/inf	formation worth sharing
09/16/2020	Carbon Credits 101 Webinar	
09/16/2020	Posted Speed Public Engagement	
00/00/000		
09/22/2020	Alberta PCP Community of Practice - September 2	2020 by Municipal Climate Change Action
09/24/2020	Mid-Sized Mayors	
09/24/2020	Iviid-Sized iviayors	
09/24/2020	2020 AUMA Convention	
	e, Agency meetings attended (Includes both Cour	ncil 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	
	Intermunicipal Negotiating Committee on	
09/02/2020	Recreation	
09/03/2020	Council and AHF Annual Meeting	



Do not enter in "Grey" cells		Select From List	
		enter in	
	eptember	Year	2020

Name: Councillor MacKay

Date Submitted 10/07/2020 Month September Year 2020

09/08/2020 Regular Council Meeting

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	



Date Submitted 10/07/2020

Select From List

Do not enter in
"Grey" cells

September

2020

Name: Councillor MacKay

Authorizations & Approvals 2020 Councillor MacKay September 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. Date (DD/MM/YY) Preparer's Signature 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. Date (DD/MM/YY) Council Member's Signature **Accounts Payable** I have reviewed this claim for mathematical accuracy and documentation support. Accounts Payable Personnel Signature Date (DD/MM/YY) **Chief Financial Officer** 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:
 Accounts Payable

 Cc:
 Brittany Switzer

Subject: FW: FOR APPROVAL: Cllr MacKay - September Expense Claim

Date:Wednesday, October 28, 2020 4:47:04 PMAttachments:MacKay - Council Expense Claim.xlsm

MacKay - Water Environment Federation Renewal.pdf

MacKay Shaw Internet (2).pdf MacKay - Council Expense Claim.pdf

Approved by Kevin below.

Thanks,

Senior Executive Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble

Sent: Wednesday, October 28, 2020 4:40 PM

To:

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

From:

Sent: Tuesday, October 13, 2020 3:07 PM

To: Kevin Scoble

Subject: FOR APPROVAL: Cllr MacKay - September Expense Claim

Hello,

For your approval, please.

Thanks,

Senior Executive Assistant

Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie

Sent: Tuesday, October 13, 2020 3:00 PM

To:

Cc:

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

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

www.stalbert.ca

From:

Sent: October 13, 2020 12:44 PM

To: Diane McMordie

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,

Accounts Payable Coordinator | Financial Services

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

www.stalbert.ca

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



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From:

Sent: Thursday, October 8, 2020 9:53 AM

To:

Subject: FW: Cllr MacKay - September Expense Claim

Good morning,

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

Kind Regards,

Rayann

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From: Ken MacKay < kmackay@stalbert.ca>

Sent: October 7, 2020 3:40 PM

To:

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 | www.stalbert.ca | www.facebook.com/cityofstalbert | www.twitter.com/KenMacKay1119



From:

Sent: October 7, 2020 11:44 AM

To: Ken MacKay < 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!

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community