

From: [REDACTED]
To: [Accounts Payable](#)
Subject: FW: June Expense Claim - For your review
Date: July 9, 2020 10:38:18 AM
Attachments: [Watkins - Council Expense Claim - Editable.xlsm](#)

Good morning,

Please find attached Cllr Watkin's approved expense claim form.

Kind Regards,

Rayann

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

Bringing Our Best to Cultivate An Amazing Community

From: Ray Watkins <rwatkins@stalbert.ca>
Sent: July 9, 2020 10:34 AM
To: [REDACTED]
Subject: RE: June Expense Claim - For your review

Approved.

Ray Watkins
Councillor

[REDACTED] | [REDACTED]
[REDACTED]

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

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



From: [REDACTED]
Sent: July 8, 2020 4:40 PM
To: Ray Watkins <rwatkins@stalbert.ca>
Subject: June Expense Claim - For your review

Hi Cllr Watkins,

Please see the attached expenses for your review.

Thanks!

Rayann

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED] [REDACTED]

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 Watkins

Date Submitted 08-06-20 Month June 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 Watkins

Date Submitted: 08-06-20 Month: June 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												ACCT	Cost Ctr	CAT 2 Project CAT4
								CAT7_		1221	1221		1222	1226	1227	1225	1224				
										-											
										-											
										-											
										-											
										-											
										-											

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												ACCT	Cost Ctr	CAT3	CAT4
								CAT7_		1220	1220		1225	1226	1221	1222	1222					
										-												
										-												
										-												
										-												
										-												

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)						

Sub-Total \$ -

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 Watkins

Date Submitted: 08-06-20 Month: June 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	\$	-
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Watkins	\$	-

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
06/01/2020	City Council Meeting	
06/02/2020	Agenda Planning	
06/03/2020	Youth Advisory Committee Meeting	
06/09/2020	Community Growth and Infrastructure	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

06/10/2020	Agenda Planning	
06/15/2020	City Council Meeting	
06/16/2020	Policing Committee Meeting	
06/22/2020	City Council - Public Hearing	
06/23/2020	Agenda Planning	
06/25/2020	Senior's Committee	
06/26/2020	Annexation Negotiation Committee	
06/29/2020	City Council	
06/30/2020	Council Workshop - Committee of the Whole	
06/30/2020	Agenda Planning	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted: Month: Year:

Authorizations & Approvals Councillor Watkins June 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 _____ 08-07-20 _____
 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)



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted: 31-08-20 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																						
		From	To			From	To											1220	1220	1225	1226	1221	1222	1222	ACCT	Cost Ctr	Project													
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7																																
																	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																						
		From	To			From	To											CAT7	1221	1221	1222	1226	1227	1225	1224	ACCT	Cost Ctr	Project												
																	Sub-Total				\$	-																		



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 31-08-20 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	CAT 2 Project CAT4
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3 CAT4
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

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)						

Sub-Total \$ -

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted: Month: Year:

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

Sub-Total \$ -

- Claim Reminders:**
**** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses****
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
 - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
 - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
 - 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	\$ -
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Watkins	\$ -

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
2020-08-05	Youth Advisory Committee	
2020-08-07	Annexation Negotiation Committee Meeting	
2020-08-11	Agenda Planning	
2020-08-19	Committee of the Whole	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Councillor Watkins

Date Submitted

31-08-20

Month

August

Year

2020



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 31-08-20

Month August Year

2020

Authorizations & Approvals Councillor Watkins 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: August Expense Claim - For Approval
Date: September 21, 2020 4:30:22 PM
Attachments: [Watkins - Council Expense Claim.xlsm](#)

Good afternoon,

Please see the below authorizations and the attached.

Thank you,

[REDACTED]
*Administrative Assistant
Office of the Mayor and Councillors*

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: August 21, 2020 11:05 AM
To: [REDACTED]
Subject: FW: August Expense Claim - For Approval

Good morning,

Please see the below authorizations for Councillor Watkins' expense claim.

Thank you,

[REDACTED]
*Administrative Assistant
Office of the Mayor and Councillors*

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: August 21, 2020 10:48 AM
To: [REDACTED]
Subject: RE: August Expense Claim - For Approval

Looks good to me.

Ray

Ray Watkins
Councillor

[REDACTED]
[REDACTED]
[REDACTED]

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

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



From: [REDACTED]
Sent: August 19, 2020 11:15 AM
To: Ray Watkins <rwatkins@stalbert.ca>
Subject: August Expense Claim - For Approval

Good morning Councillor Watkins,

Please see the attached Council Expense Claim for your review. Please reply with your authorization or any necessary amendments.

Please accept this email as my authorizing signature.

Thank you and have a wonderful day.

[REDACTED]
*Administrative Assistant
Office of the Mayor and Councillors*

[REDACTED]
Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
To: [Accounts Payable](#)
Subject: FW: Watkins September Expense Claim
Date: October 5, 2020 10:09:14 AM
Attachments: [Watkins - Council Expense Claim.xlsm](#)

Good morning,

Please see the below and attached.

Thank you,

[REDACTED]
*Administrative Assistant
Office of the Mayor and Councillors*

Bringing Our Best to Cultivate An Amazing Community

From: Ray Watkins
Sent: October 5, 2020 9:43 AM
To: [REDACTED]
Subject: RE: Watkins September Expense Claim

I am in agreement with the expense account prepared. Sorry haven't been feeling well since Wednesday.

Ray

Ray Watkins
Councillor

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

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



From: [REDACTED]
Sent: October 2, 2020 11:58 AM
To: [REDACTED]
Subject: Watkins September Expense Claim

Good morning,

I have attached the above mentioned for your review and approval.
Please accept this email as my authorization.

Thank you,

[REDACTED]

*Administrative Assistant
Office of the Mayor and Councillors*

[REDACTED] [REDACTED]

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 Watkins

Date Submitted: 02-10-20

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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
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 Watkins

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 CAT2
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted: 02-10-20

Month: September Year: 2020

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)						

Sub-Total \$ -

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Detailed Description							
30-09-20	FCM Sustainable Communities Conference					79.10		79.10
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 79.10



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year:

Expenses Paid Directly by the City (eg. Petty Cash)	Date (DD/MM/YY)	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	\$ 79.10
Less: BMO MasterCard Directly	-\$ 79.10
Net to be paid to: Councillor Watkins	\$ -

Training and Development Activities	
Activity Name	Description of Activity Content and any learning/information worth sharing
September 23-25, 2020	AUMA Virtual Convention

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Name of Meeting	Updates
2020-09-01	Agenda Planning	
2020-09-02	Intermunicipal Committee Framework (Sturgeon County)	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

2020-09-02	Youth Advisory Committee	
2020-09-09	Agenda Planning	
2020-09-15	Agenda Planning	
2020-09-24	Seniors' Advisory Committee	
2020-09-28	In-Camera Provincial Landscape Workshop	
2020-09-29	Agenda Planning	
2020-09-30	Policing Committee	

