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

Name: Mayor Heron Date Submitted: 17-08-20 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 | | |
| 07/07/2020 | Lunch with Regional Mayor's | St. Albert | Stony Plain | Return | 74.00 | | | | | 37.37 | | | | | | | 37.37 | 6140 | 1010 | 516112 | | | |
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| Sub-Total | | | | | | | | | | | | | | | | | | \$ | 37.37 | | | | |

| 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 | | | |
|--------------------------|-------------------------|--|----|-----------------|----------------------------|---|-----------------|------------------------|---------------------------|----------------------------------|------------------|----------|---------|---|--------------------|-------|-----------|----------|---------|--|
| | | | | | | | | | | | | | | | | | ACCT | Cost Ctr | Project | |
| Date (DD/MM/YY) | Nature of Event/Meeting | From | To | | | From | To | CAT7 | | 1221 | 1221 | 1222 | 1226 | 1227 | 1225 | 1224 | | CAT 2 | | |
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted17-08-20

MonthJuly

Year2020

| 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

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

Name:

Mayor Heron

Date Submitted:

17-08-20

Month:

July

Year:

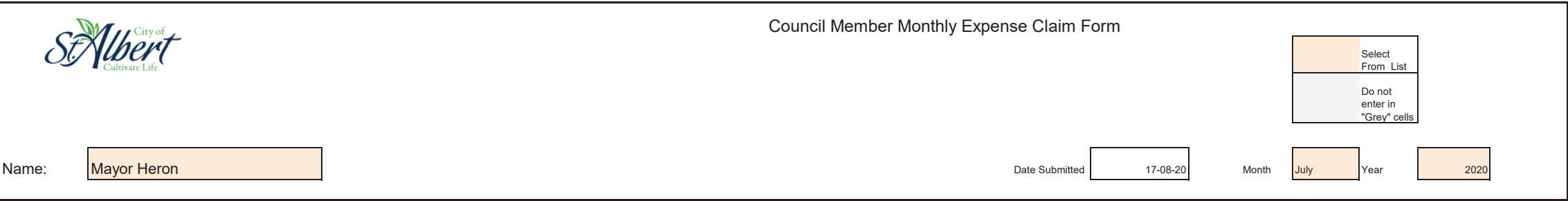
2020

| Operating Supplies/Telephone/Internet/Sponsorships | | | | | GL Coding | |
|--|---|--|-------|------|-----------|----------------------------------|
| | | Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) | Total | | | |
| Date (DD/MM/YY) | Detailed Description | | | ACCT | Cost Ctr | CAT 2 Project CAT7 Expense Type |
| 07/21/2020 | Telus Mobility - Mobile Device Charges | | 55.00 | 6404 | 1010 | 516112 N/A Mobile Device Charge |
| 07/01/2020 | Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum) | | 23.00 | 6404 | 1010 | 516112 N/A Office/Operating Supp |
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Sub-Total \$ 78.00

| 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 \$ -

[illegible]

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 | \$ | 115.37 |
| Less: BMO MasterCard | | - |
| Less: Expenses Paid | \$ | - |
| Net to be paid to Mayor Heron | \$ | 115.37 |

| Training and Development Activities | |
|-------------------------------------|--|
| Date | Description of Activity Content and any learning/information worth sharing |
| | |
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Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted17-08-20

MonthJuly

Year2020

| | | |
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| | | |
| Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees) | | |
| Date of Meeting | Board, Committee, Agency Name | Updates |
| 07/08/2020 | COVID-19 Recovery Task Force Meetings | |
| 07/08/2020 | Internal Audit Steering Committee Meeting | |
| 07/16/2020 | Internal Audit Steering Committee Meeting | |
| 07/17/2020 | Committee of the Whole - Service and Service Level Follow Up | |
| 07/22/2020 | COVID-19 Recovery Task Force | |
| 07/27/2020 | Special Council Meeting | |
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Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted17-08-20MonthJulyYear2020

Authorizations & Approvals Mayor Heron 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: Mayor Heron (July Expenses)
Date: August 19, 2020 10:50:56 AM
Attachments: [Mayor Heron Inv #July2020.pdf](#)

Approved by Kevin below.

Alayna

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

Bringing Our Best to Cultivate An Amazing Community

Approved.

Kevin

Get [Outlook for Android](#)

From: [REDACTED]
Sent: Wednesday, August 19, 2020 10:46:50 AM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Mayor Heron (July Expenses)

For approval. Let me know if ok to sign off.

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: Wednesday, August 19, 2020 10:41 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Mayor Heron (July Expenses)

Approved. Please forward for Kevin's approval.

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



Name: Mayor Heron Date Submitted: 02-09-20 Month: August Year: 2020

| | |
|-----------|------|
| Sub-Total | \$ - |
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| | |
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| Sub-Total | \$ - |
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted02-09-20

MonthAugust

Year2020

| 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: Mayor Heron

Date Submitted02-09-20

MonthAugust

Year2020

| Operating Supplies/Telephone/Internet/Sponsorships | | Total | GL Coding | | | | |
|--|---|-------|-----------|----------|---------------|------|-----------------------|
| Date (DD/MM/YY)Detailed Description | | Total | ACCT | Cost Ctr | CAT 2 Project | CAT7 | Expense Type |
| 21-08-20 | Telus Mobility - Mobile Device Charges | 55.00 | 6404 | 1010 | 516112 | N/A | Mobile Device Charge |
| 01-08-20 | Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum) | 23.00 | 6404 | 1010 | 516112 | N/A | Office/Operating Supp |
| | | | | | | | |
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Sub-Total\$ 78.00

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|---|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| Date (DD/MM/YY) | | | | | | | | |
| 08/11/2020 | LUISA RISTORANTE - Dinner with AUMA Board | | | | 284.97 | | | 284.97 |
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Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted 02-09-20

Month August Year 2020

Sub-Total \$ 284.97



Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted02-09-20MonthAugustYear2020

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

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

Sub-Total\$-

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 | \$ | 362.97 |
| Less: BMO MasterCard | -\$ | 284.97 |
| Less: Expenses Paid | \$ | - |
| Net to be paid to Mayor Heron | \$ | 78.00 |

| Training and Development Activities | | |
|--|--|---------|
| Date | 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 | Board, Committee, Agency Name | Updates |
| 08/07/2020 | ANC Meeting | |
| 08/11/2020 | Agenda Planning | |
| 08/18/2020 | Agenda Planning | |
| 08/19/2020 | COVID-19 Recovery Task Force | |
| 08/19/2020 | Committee of the Whole Meeting | |



Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted02-09-20

MonthAugust

Year2020

| | | |
|------------|-------------------------------------|--|
| 08/24/2020 | Community Growth and Infrastructure | |
| 08/25/2020 | Agenda Planning | |
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Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted02-09-20MonthAugustYear2020

Authorizations & Approvals

Mayor HeronAugust2020

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 Laforce02-09-20
Preparer's SignatureDate (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 SignatureDate (DD/MM/YY)

Accounts Payable

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

Accounts Payable Personnel SignatureDate (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 SignatureDate (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 SignatureDate (DD/MM/YY)

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Mayor Heron (Aug 2020 Expenses)
Date: September 17, 2020 1:36:22 PM
Attachments: [Mayor Heron Inv #Aug2020.pdf](#)

Hi Lynda,
Please see attached expenses for the Mayor.
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 12:54 PM
To: [REDACTED]
Subject: RE: Mayor Heron (Aug 2020 Expenses)

Approved

Kevin Scoble
Chief Administrative Officer
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, September 3, 2020 4:49 PM
To: Kevin Scoble [REDACTED]
Subject: FW: Mayor Heron (Aug 2020 Expenses)

Hi Kevin,

For approval.
Thanks.

[REDACTED]
Administrative Assistant
Office of the Chief Administrative Officer
[REDACTED]
Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie [REDACTED]

Sent: September 3, 2020 4:34 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: FW: Mayor Heron (Aug 2020 Expenses)

Approved. For Kevin's review and approval.

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

dmcordie@stalbert.ca | www.stalbert.ca

From: [REDACTED]

Sent: September 3, 2020 2:52 PM

To: Diane McMordie [REDACTED]

Subject: Mayor Heron (Aug 2020 Expenses)

Diane

Attached is Mayor Heron's expense claim for August which I have reviewed. 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

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



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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-10-20MonthSeptemberYear2020

| 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 |
| 09/04/2020 | Coalition of the Willing - Mayor's and CAO's | St. Albert | Devon | Return | 86.00 | | | | | 43.43 | | | | | | | 43.43 | 6140 | 1010 | 516112 | |
| 09/06/2020 | Farewell for Chair Abbott | St. Albert | Stony Plain | Return | 74.00 | | | | | 37.37 | | | | | | | 37.37 | 6140 | 1010 | 516112 | |
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| Sub-Total | | | | | | | | | | | | | | | | | \$ 80.80 | | | | |

| 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 | | | | | | | | | | | | | | | | | \$ - | | | | |



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-10-20MonthSeptemberYear2020

| 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: Mayor Heron

Date Submitted06-10-20MonthSeptemberYear2020

| Operating Supplies/Telephone/Internet/Sponsorships | | Total | GL Coding | | | | |
|--|---|-------|-----------|----------|---------------|------|-----------------------|
| Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) | | Total | | | | | |
| Date (DD/MM/YY) | Detailed Description | | ACCT | Cost Ctr | CAT 2 Project | CAT7 | Expense Type |
| 21-09-20 | Telus Mobility - Mobile Device Charges | 55.00 | 6404 | 1010 | 516112 | N/A | Mobile Device Charge |
| 01-09-20 | Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum) | 23.00 | 6404 | 1010 | 516112 | N/A | Office/Operating Supp |
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Sub-Total\$78.00

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|--|----------------------------------|------------------|----------|---------|------------------------------|--------------------|-------|
| Date (DD/MM/YY) | | | | | | | | |
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Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted 06-10-20

Month September Year 2020

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-10-20MonthSeptemberYear2020

| 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 | \$ | 158.80 |
| Less: BMO MasterCard | \$ | - |
| Less: Expenses Paid | \$ | - |
| Net to be paid to Mayor Heron | \$ | 158.80 |

| Training and Development Activities | | |
|--|--|---------|
| Date | Description of Activity Content and any learning/information worth sharing | |
| 09/16/2020 | Posted Speed Public Engagement | |
| | | |
| | | |
| | | |
| Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees) | | |
| Date of Meeting | Board, Committee, Agency Name | Updates |
| 09/01/2020 | Agenda Planning | |
| 09/02/2020 | COVID-19 Recovery Task Force | |
| 09/02/2020 | Meeting - Intermunicipal Negotiating Committee on Recreation | |
| 09/03/2020 | Mid-Sized Cities Mayors' Caucus | |
| 09/03/2020 | Council and AHF Annual Meeting | |



Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted06-10-20MonthSeptemberYear2020

| | | |
|------------|--|--|
| 09/04/2020 | Coalition of the Willing | |
| 09/08/2020 | City Council Meeting | |
| 09/09/2020 | Agenda Planning | |
| 09/14/2020 | Community Living Standing Committee Mtg | |
| 09/14/2020 | Community Growth & Infrastructure Standing Committee Meeting | |
| 09/15/2020 | Agenda Planning | |
| 09/21/2020 | City Council Meeting | |
| 09/22/2020 | IASC Meeting | |
| 09/22/2020 | COVID-19 Recovery Task Force | |
| 09/28/2020 | Special Council Meeting | |
| 09/28/2020 | Committee of the Whole | |
| 09/29/2020 | Agenda Planning | |
| 09/30/2020 | Mayor's Task Force Next Steps | |
| 09/30/2020 | COVID-19 Recovery Task Force | |
| 09/30/2020 | Policing Committee Meeting | |



Council Member Monthly Expense Claim Form

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

Name: Mayor Heron

Date Submitted06-10-20MonthSeptemberYear2020

Authorizations & Approvals

Mayor HeronSeptember2020

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 LaforcePreparer's SignatureDate (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 SignatureDate (DD/MM/YY)

Accounts Payable

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

Accounts Payable Personnel SignatureDate (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 SignatureDate (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 SignatureDate (DD/MM/YY)

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: FOR APPROVAL: Mayor Heron (September Expenses)
Date: October 8, 2020 4:38:21 PM
Attachments: [Mayor Heron 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 4:34 PM
To: [REDACTED]
Subject: RE: FOR APPROVAL: Mayor Heron (September Expenses)

Approved

Kevin Scoble
Chief Administrative Officer
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, October 8, 2020 7:45 AM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Mayor Heron (September 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: Wednesday, October 7, 2020 4:07 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Mayor Heron (September Expenses)

Approved. For Kevin's review 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

From: [REDACTED]
Sent: October 7, 2020 2:56 PM
To: Diane McMordie <[REDACTED]>
Subject: Mayor Heron (September Expenses)

Hi Diane

Attached is Mayor Heron's September 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

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



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