





Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 06-05-20

Month April Year 2020

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted06-05-20MonthAprilYear2020

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
										-							-				
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Sub-Total\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted06-05-20MonthAprilYear2020

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			ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
10-01-19	Telus Mobility - Councillor Mobile Device		55.00	6404	1010	516110	N/A	Mobile Device Charge
17-01-18	Telus Internet - Councillor Home Office Internet		70.00	6404	1010	516110	N/A	Office/Operating Supp

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
17/03/20	Waste to Energy Symposium Refund					- 250.00		- 250.00
18/03/2020	2020 Edmonton Business Breakfast Refund					- 93.45		- 93.45
31/03/2020	FCM Hotel Deposit Refund					- 327.88		- 327.88
23/03/20	AUMA Municipal Leaders Spring Caucus					- 173.25		- 173.25
								-
								-
								-
								-
								-

Sub-Total -\$ 844.58



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted06-05-20MonthAprilYear2020

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	-\$	719.58
Less: BMO MasterCard	\$	844.58
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hansen	\$	125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
18/04/20	Library Board Meeting	
24/2020	AUMA Sustainability and Environment Committee	



Council Member Monthly Expense Claim Form

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Name: 

Councillor Hansen

Date Submitted: 

06-05-20

Month: 

April

Year: 

2020




Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	06-05-20	Month	April	Year	2020
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<b>Authorizations &amp; Approvals</b>	Councillor Hansen	April	2020
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<b>Preparer</b> 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	20-05-06 Date (DD/MM/YY)

<b>Council Member</b> 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)

<b>Accounts Payable</b> I have reviewed this claim for mathematical accuracy and documentation support.	
Accounts Payable Personnel Signature	Date (DD/MM/YY)

<b>Chief Financial Officer</b> 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)

<b>Chief Administrative Officer (City Manager)</b> I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
City Manager Signature	Date (DD/MM/YY)

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Cllr Hansen - April Expenses  
**Date:** May 22, 2020 8:32:27 AM  
**Attachments:** [Hansen - Council Expense Claim.xlsx](#)  
[Hansen -Telus Internet April 2020 JH.pdf](#)  
[Hansen - Telus Mobility April 2020 JH.pdf](#)

---

Approved by Kevin below.

[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:** Friday, May 22, 2020 7:05 AM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Cllr Hansen - April Expenses

Approved.

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

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---

**From:** [REDACTED]  
**Sent:** Thursday, May 7, 2020 10:37 AM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FOR APPROVAL: Cllr Hansen - April Expenses

Please provide email approval for the attached.

Thanks,

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

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---

**From:** [REDACTED]  
**Sent:** Thursday, May 7, 2020 8:34 AM



**To:** Alayna Yarmuch [REDACTED]  
**Subject:** FW: Cllr Hansen - April Expenses

Hi Alayna,

This is approved.

Thanks

[REDACTED] CPA, CMA  
Manager | Financial Operations and Reporting  
[REDACTED]

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

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



---

**From:** [REDACTED]  
**Sent:** May-07-20 8:20 AM  
**To:** [REDACTED]  
**Subject:** FW: Cllr Hansen - April Expenses

Hi Brenda,  
I have verified this claim as Accounts Payable, Please approve and forward on to Alayna for Kevin's approval.

Thanks ,  
Barb

---

**From:** Rayann Laforce <[REDACTED]>  
**Sent:** May 6, 2020 4:12 PM  
**To:** [REDACTED]  
[REDACTED]  
**Subject:** FW: Cllr Hansen - April Expenses

Hi ladies,

Please find attached Cllr Hansen's approved April expenses.

Kind Regards,

Rayann

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

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**From:** Jacquie Hansen <[jhansen@stalbert.ca](mailto:jhansen@stalbert.ca)>

**Sent:** May 6, 2020 4:08 PM

**To:** [REDACTED]

**Subject:** RE: Cllr Hansen - April Expenses

All good, thanks Rayann.

---

**From:** [REDACTED]

**Sent:** Wednesday, May 6, 2020 2:37 PM

**To:** [REDACTED]

**Subject:** Cllr Hansen - April Expenses

Hi Cllr Hansen:

Please review the attached, and let me know via email if you approve this, or advise of the needed edits. I will then forward it to Finance for processing.

Kind Regards,

Rayann

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

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Date Submitted 01-06-20 Month May Year 2020

[illegible]



Council Member Monthly Expense Claim Form

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Name:

Councillor Hansen

Date Submitted

01-06-20

Month

May

Year

2020

Sub-Total

\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 01-06-20 Month May Year 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7				1221	1221	1222	1226	1227	1225	1224	ACCT	Cost Ctr	Project CAT4
										-								-			
										-								-			
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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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Name: Councillor Hansen

Date Submitted01-06-20MonthMayYear2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
10-05-20	Telus Mobility - Councillor Mobile Device	55.00		6404 1010	516110	N/A	Mobile Dev
22-05-20	Telus Internet - Councillor Home Office Internet	70.00		6404 1010	516110	N/A	Office/Ope

Sub-Total\$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
						- 250.00		- 250.00
						- 93.45		- 93.45
						- 327.88		- 327.88
						- 173.25		- 173.25
								-
								-
								-
								-
								-

Sub-Total-\$ 844.58



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 01-06-20 Month May Year 2020

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

Sub-Total \$ -

- Claim Reminders:  
\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\*
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
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  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Grand Total Expenses	-\$	719.58
Less: BMO MasterCard	\$	844.58
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Hansen	\$	125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
05/06/2020	Public Open House - Range Road 260 ASP Amendment	
05/21/2020	City of St. Albert Council Workshop	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
05/01/2020	Special Board Meeting	
05/04/2020	Regular Council Meeting	
05/11/2020	Special Council Meeting	
05/12/2020	HAC Meeting	
05/15/2020	Special Council Meeting	



Council Member Monthly Expense Claim Form

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Name:	Councillor Hansen	Date Submitted	01-06-20	Month	May	Year	2020
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05/19/2020	City Council Meeting	
05/20/2020	Library Board Meeting	
05/25/2020	Inaugural Recovery Task Force Meeting	
05/28/2020	Senior's Advisory Committee Meeting	
05/28/2020	EAC Meeting	
05/29/2020	Inter-City Forum on Social Policy	





Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	01-06-20	Month	May	Year	2020
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Authorizations & Approvals Councillor Hansen May 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	01-06-20
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)

**From:** [REDACTED]  
**To:** [Accounts Payable](#)  
**Subject:** FW: FOR APPROVAL - Cllr Hansen Expense Claim  
**Date:** June 1, 2020 4:29:34 PM  
**Attachments:** [Copy of Hansen - Council Expense Claim - Editable.xlsm](#)  
[Hansen - Telus mobility May 2020 JH.pdf](#)  
[Hansen - Telus Internet May 2020 JH.pdf](#)

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Good afternoon:

Please find attached Cllr Hansen's approved expense claim.

Thanks!

Rayann

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

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---

**From:** [REDACTED]  
**Sent:** June 1, 2020 4:21 PM  
**To:** Rayann Laforce <rLaforce@stalbert.ca>  
**Subject:** RE: FOR APPROVAL - Cllr Hansen Expense Claim

Here you go. Thanks, all looks good.

---

**From:** [REDACTED]  
**Sent:** Monday, June 1, 2020 3:13 PM  
**To:** Jacquie Hansen <[jhansen@stalbert.ca](mailto:jhansen@stalbert.ca)>  
**Subject:** FOR APPROVAL - Cllr Hansen Expense Claim

Cllr Hansen:

Please review the attached expense claim for approval.

Thanks!

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

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**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Councillor Hansen May Expense Claim  
**Date:** June 22, 2020 1:48:52 PM  
**Attachments:** [Councillor Hansen May Expense Claim.pdf](#)

---

approved by Kevin below.

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

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---

**From:** Kevin Scoble [REDACTED]  
**Sent:** Friday, June 19, 2020 1:37 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Hansen May Expense Claim

Approved.

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

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---

**From:** [REDACTED]  
**Sent:** Wednesday, June 17, 2020 11:39 AM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Hansen May Expense Claim

For approval

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

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

---

**From:** Diane McMordie [REDACTED]  
**Sent:** Tuesday, June 16, 2020 10:18 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Hansen May Expense Claim

I have approved. Please forward to Kevin

**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](http://www.stalbert.ca)

---

**From:** [REDACTED]  
**Sent:** Monday, June 15, 2020 1:52 PM  
**To:** [REDACTED]  
**Subject:** Councillor Hansen May Expense Claim

Hi Diane,

I have reviewed this claim and approve.

Thanks,

Barb

**( Working from home)**

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*

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

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



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 08-07-20 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	CAT 2 Cost Ctr	Project CAT4
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Sub-Total																		\$	-	

[illegible]



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Name: Councillor Hansen

Date Submitted 08-07-20

Month June Year 2020

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted08-07-20

MonthJune

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	CAT 2 Cost 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 /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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Name: Councillor Hansen

Date Submitted08-07-20

MonthJune

Year2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
10-06-20	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A	Mobile Device Charge
22-06-20	Telus Internet - Councillor Home Office Internet	70.00	6404	1010	516110	N/A	Office/Operating Supp

Sub-Total\$125.00

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





Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted08-07-20

MonthJune

Year2020

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\*\***
- 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	\$	125.00
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hansen	\$	125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
06/01/2020	City Council Meeting	
06/08/2020	Covid-19 Recovery Task Force Meeting	
06/09/2020	Community Growth and Infrastructure	
06/09/2020	Heritage Advisory Committee Meeting	
06/15/2020	City Council Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Hansen

Date Submitted: 

08-07-20

Month: 

June

Year: 

2020

06/22/2020	City Council - Public Hearing	
06/24/2020	COVID-19 Recovery Task Force Meeting	
06/29/2020	City Council Meeting	
06/30/2020	Council Workshop - Committee of the Whole	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Hansen

Date Submitted: 

08-07-20

 Month: 

June

 Year: 

2020

Authorizations & Approvals

Councillor Hansen

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)

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Councillor Hansen (June Expenses)  
**Date:** August 13, 2020 2:03:09 PM  
**Attachments:** [Councillor Hansen Inv #June2020.pdf](#)

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Approved below

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

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

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**From:** Kevin Scoble [REDACTED]  
**Sent:** Wednesday, August 12, 2020 1:20 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Hansen (June Expenses)

Approved

**Kevin Scoble**  
*Chief Administrative Officer*

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

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**From:** [REDACTED]  
**Sent:** Thursday, July 23, 2020 7:47 AM  
**To:** Kevin Scoble [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Hansen (June Expenses)

Please review and provide email approval.

Thanks,

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

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

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**From:** Diane McMordie [REDACTED]  
**Sent:** Wednesday, July 22, 2020 4:35 PM  
**To:** [REDACTED]

**Cc:** [REDACTED]  
**Subject:** FW: Councillor Hansen (June Expenses)

Approved. Please forward to Kevin for review.

Thanks

**Diane McMordie, CPA, CMA**  
*Director, Finance & Assessment / Chief Financial Officer*

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

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