

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted	06-05-20	Month	April	Year	2020
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Sub-Total	\$ -
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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: Councillor Hughes

Date Submitted06-05-20

MonthApril

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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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:

Councillor Hughes

Date Submitted:

06-05-20

Month:

April

Year:

2020

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)						
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
30/04/20	Telus Mobility	55.00				
30/04/21	Shaw Cable	70.00	6404 1010	516106	N/A	Mobile Device Charge
			6404 1010	516106	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)											
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted:

06-05-20

Month:

April

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****
- 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 Hughes	\$	125.00

Training and Development Activities		
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date (DD/MM/YY)	Meeting Name	Updates
2020-07-04	Annexation Pre-Brief Meeting	
17/04/20	Annexation Pre-Brief Meeting	
17/04/20	Annexation Negotiation Committee	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

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 Hughes

Date Submitted:

06-05-20

Month:

April

Year:

2020

Authorizations & Approvals

Councillor Hughes

April

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

20-05-06

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: RE: Councillor Hughes April Expenses
Date: June 5, 2020 8:00:05 AM
Attachments: [Hughes - Council Expense Claim.xlsx](#)
[sheena hughes internet and cell phone receipts.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: Thursday, June 4, 2020 4:04 PM
To: [REDACTED]
Subject: RE: Councillor Hughes April Expenses

Approved.

Kevin Scoble
Chief Administrative Officer

[REDACTED] | [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Tuesday, May 12, 2020 1:09 PM
To: Kevin Scoble [REDACTED]
Subject: FW: Councillor Hughes April Expenses

Hi,

Please review and let me know if you approve.

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: Friday, May 8, 2020 11:56 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Fw: Councillor Hughes April Expenses

Approved. Please forward for Kevin's approval then back to Lynda.

Thanks

Diane McMordie, CPA, CMA

Director of Finance & Assessment/CFO



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

[REDACTED] www.stalbert.ca

From: [REDACTED]
Sent: May 7, 2020 10:58 AM
To: Diane McMordie [REDACTED]
Subject: Councillor Hughes April Expenses

Hi Diane

Attached are the April expenses for Councillor Hughes. I have reviewed it.

Could you please authorize & forward to Alayna for Kevin's approval.

Thank you

(working from home)



Accounts Payable Coordinator | Financial Services



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

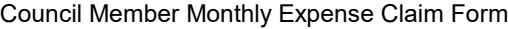
[REDACTED] | www.stalbert.ca

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



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	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 01-06-20 Month May Year 2020

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim km's-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4
										-							-			
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										-							-			
										-							-			
										-							-			
										-							-			
Sub-Total																	\$	-		

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



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted01-06-20MonthMayYear2020

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:

Councillor Hughes

Date Submitted:

01-06-20

Month:

May

Year:

2020

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)						
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
05/13/20	Telus Mobility	55.00				
20-03-04	Shaw Cable	70.00	6404	1010	516106	N/A
05/26/2020	ipad charging cord	9.43				

Sub-Total \$ 134.43

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 Hughes

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)								
								-
								-
								-
								-
								-
								-
								-
								-

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	\$	134.43
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hughes	\$	134.43

Training and Development Activities		
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing	
05/06/2020	Public Open House - Range Road 260 ASP Amendment	
05/21/2020	Legacy Park Development Workshop	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date (DD/MM/YY)	Meeting Name	Updates
05/01/2020	Special Board Meeting	
05/04/2020	St. Albert City Council Meeting	
05/11/2020	Special Council Meeting	
05/15/2020	Special Council Meeting	
05/19/2020	City Council Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted:

01-06-20

Month:

May

Year:

2020

05/25/2020	Annexation Negotiation Committee	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted

01-06-20

Month

May

Year

2020

Authorizations & Approvals

Councillor Hughes

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: [REDACTED]
Cc: [REDACTED]
Subject: FW: FOR APPROVAL: Councillor Hughes May Expenses
Date: June 5, 2020 8:05:34 AM
Attachments: [Councillor Hughes Inv #May2020.pdf](#)

Approved by Kevin below.

Alayna Yarmuch
Senior Executive Assistant
Office of the Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble [REDACTED]
Sent: Thursday, June 4, 2020 4:18 PM
To: [REDACTED]
Subject: RE: FOR APPROVAL: Councillor Hughes May Expenses

Approved.

Kevin Scoble
Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, June 4, 2020 3:49 PM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Councillor Hughes May Expenses

Please let me know if ok to sign off.

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

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie [REDACTED]
Sent: Thursday, June 4, 2020 3:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Councillor Hughes May Expenses

Approved. Please arrange for Kevin's 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: Thursday, June 4, 2020 2:50 PM

To: Diane McMordie [REDACTED]

Subject: Councillor Hughes May Expenses

Hi Diane

I have reviewed the attached. Could you please approve and forward to Alayna for Kevin's approval.

Thanx

(working from home)

[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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Date Submitted 08-07-20 Month June Year 2020

Sub-Total	\$ -
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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: Councillor Hughes

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	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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total\$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted:

08-07-20

Month:

June

Year:

2020

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)						
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
06/13/2020	Telus Mobility	55.00				
05/03/2020	Shaw Cable	70.00	6404	1010	516106	N/A
						Mobile Device Charge
			6404	1010	516106	N/A
						Office/Operating Supp
			6404			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)											
											-
											-
											-
											-
											-
											-
											-
											-
											-
											-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted:

08-07-20

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****
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
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 - 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 Hughes	\$	125.00

Training and Development Activities		
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date (DD/MM/YY)	Meeting Name	Updates
06/01/2020	City Council Meeting	
06/09/2020	Community Living Standing Committee Meeting	
06/15/2020	City Council Meeting	
06/22/2020	City Council - Public Hearing	
06/26/2020	Annexation Negotiation Committee	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted:

08-07-20

Month:

June

Year:

2020

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 Hughes	Date Submitted	08-07-20	Month	June	Year	2020
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Authorizations & Approvals	Councillor Hughes	June	2020
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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	08-07-20 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 Hughes (June Expenses)
Date: August 13, 2020 1:56:29 PM
Attachments: [image001.png](#)
[Councillor Hughes June 2020.pdf](#)

approved below

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

Bringing Our Best to Cultivate An Amazing Community

From: Kevin Scoble [REDACTED]
Sent: Wednesday, August 12, 2020 1:07 PM
To: [REDACTED]
Subject: RE: FOR APPROVAL: Councillor Hughes (June Expenses)

Approved.

Kevin Scoble
Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, July 9, 2020 1:34 PM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Councillor Hughes (June Expenses)

See attached and let me know if ok to sign off.

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

Bringing Our Best to Cultivate An Amazing Community

From: Diane McMordie [REDACTED]
Sent: Thursday, July 9, 2020 1:28 PM
To: [REDACTED]

Cc: [REDACTED]

Subject: Fw: Councillor Hughes (June Expenses)

Approved by me. Please arrange for Kevin's approval then forward to Lynda

Thanks

Diane McMordie, CPA, CMA

Director of Finance & Assessment/CFO

[REDACTED] [REDACTED] [REDACTED]

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

[REDACTED] [REDACTED]



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