

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron Date Submitted: 05-06-2020 Month: April 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 @ 0.50\$/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	Project CAT2 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		
																	ACCT	Cost Ctr	CAT 2 Project CAT4
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224			
										-							-		
										-							-		
										-							-		
										-							-		
										-							-		
										-							-		
										-							-		
Sub-Total																	\$	-	



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted05-06-2020

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: Mayor Heron

Date Submitted: 05-06-2020

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 - Mobile Device Charges	55.00				
30/04/21	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404 1010	516112	N/A	Mobile Device Charge
			6404 1010	516112	N/A	Office/Operating Supp

Sub-Total \$ 78.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
16/3/20	Gateway Association Inclusive Hiring Conference					50.00		50.00
16/3/20	UDI Luncheon Refund					- 109.94		- 109.94
23/3/20	Gateway Association Inclusive Hiring Conference Refund					- 50.00		
31/3/20	FCM Hotel Deposit Refund					- 327.88		
								-
								-
								-
								-
								-
								-
								-

Sub-Total -\$ 59.94



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted

05-06-2020

Month

April

Year

2020



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted05-06-2020

MonthApril

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)								
								-
								-
								-
								-
								-
								-
								-
								-

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	\$ 18.06
Less: BMO MasterCard	\$ 59.94
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
2020-01-04	Emergency Advisory Committee Virtual Briefing	
2020-07-04	Emergency Advisory Committee Virtual Meeting	
2020-07-04	Annexation Negotiation Committee Virtual Pre-Brief Meeting	
15/4/20	Homelessness Sub Committee Virtual Meeting	
16/4/20	Emergency Advisory Committee Virtual Meeting	
17/4/20	Annexation Negotiation Committee Virtual Pre-Brief Meeting	
17/4/20	Annexation Negotiation Committee Virtual Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted:

05-06-2020

Month:

April

 Year:

2020

29/4/20	Homelessness Sub Committee Virtual Meeting	
30/4/20	Emergency Advisory Committee Virtual Briefing	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted05-06-2020

MonthApril

Year2020

Authorizations & Approvals

Mayor Heron

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

06/05/2020

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 April Expenses
Date: June 5, 2020 8:00:05 AM
Attachments: [Mayor Heron Inv #APRIL2020.pdf](#)
[Mayor Heron - Mobility Bill.pdf](#)
[Mayor Heron - Shaw Bill.pdf](#)
[Mayor - Council Expense Claim.xlsx](#)
[Hughes - Council Expense Claim.xlsx](#)
[REDACTED]

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 4:03 PM
To: [REDACTED]
Subject: RE: Mayor Heron 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 1:08 PM
To: Kevin Scoble [REDACTED]
Subject: FW: Mayor Heron April Expenses

Please see attached 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 11:59 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Fw: Mayor Heron April Expenses

Approved by me. 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 11:00 AM
To: Diane McMordie [REDACTED]
Subject: Mayor Heron April Expenses

Hi Diane

Attached are the April expenses for Mayor Heron. I have reviewed it.

Could you please authorize and 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



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-01-2020

MonthMay

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: Mayor Heron

Date Submitted06-01-2020

MonthMay

Year2020

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)			ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description					
05/21/2020	Telus Mobility - Mobile Device Charges	55.00				
05/01/2020	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404	1010	516112	N/A Mobile Device Charge
			6404	1010	516112	N/A Office/Operating Supp

Sub-Total \$ 78.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
04/22/2020	Fcm - Fed.Of Cdn Mun Mayor's FCM Registration Refund					- 1,024.91		- 1,024.91
04/22/2020	Fcm - Fed.Of Cdn Mun Watkins FCM Registration Refund					- 1,024.91		- 1,024.91
04/23/2020	Fcm - Fed.Of Cdn Mun MacKay FCM Registration					- 1,024.91		- 1,024.91
04/23/2020	Fcm - Fed.Of Cdn Mun Hansen FCM Registration					- 1,024.91		- 1,024.91
04/23/2020	Fcm - Fed.Of Cdn Mun Brodhead FCM Registration Refund					- 1,024.91		- 1,024.91
05/01/2020	Paypal Citystalber Refund - 2 Tickets for Business Breakfast - YAC Members					- 60.00		- 60.00
								-
								-
								-
								-
								-
								-
								-

Sub-Total -\$ 5,184.55



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted

06-01-2020

Month

May

Year

2020



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-01-2020

MonthMay

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)								
								-
								-
								-
								-
								-
								-
								-
								-

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	-\$	5,106.55
Less: BMO MasterCard	\$	5,184.55
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	
2020-05-06	Public Open House - RR 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 of Meeting	Board, Committee, Agency Name	Updates
2020-05-04	St. Albert City Council Meeting	
05/05/2020	Agenda Planning	
2020-05-07	Emergency Advisory Committee Briefing	
2020-05-11	Special Council Meeting	
2020-05-12	Agenda Planning	
2020-05-14	Emergency Management Advisory Committee Meeting	
2020-05-15	Special Council Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-01-2020

MonthMay

Year2020

2020-05-19	City Council Meeting	
2020-05-21	Emergency Management Advisory Committee	
2020-05-25	Annexation Negotiation Committee	
2020-05-25	Inaugural Recovery Task Force Meeting	
2020-05-26	Agenda Planning	
2020-05-27	RTSC Transition Team	
2020-05-28	Emergency Management Advisory Committee	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted06-01-2020

MonthMay

Year2020

Authorizations & Approvals

Mayor Heron

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)



NOTICE -

This communication is intended only for the addressee and may contain information that is confidential, protected, or legally privileged. If you are not the addressee, any use, distribution, or copying of this communication or the information contained in it is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and then destroy or delete this communication, or return it by mail as the sender requests.

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: FOR APPROVAL: Mayor Heron May Expenses
Date: June 5, 2020 8:06:19 AM
Attachments: [Mayor Heron Inv #May2020.pdf](#)

Approved by Kevin below

[REDACTED]
*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 4:22 PM
To: [REDACTED]
Subject: RE: FOR APPROVAL: Mayor Heron May Expenses

Approved.

Kevin Scoble
Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, June 4, 2020 4:15 PM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Mayor Heron May Expenses

Let me know if ok to sign off.

Alayna Yarmuch
*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 3:52 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Mayor Heron May Expenses

Approved. Please arrange 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

From: [REDACTED]
Sent: Thursday, June 4, 2020 2:52 PM
To: Diane McMordie [REDACTED]
Subject: Mayor Heron 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

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: Mayor Heron

Date Submitted	07-09-2020
----------------	------------

Month	June	Year	2020
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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_1220122012251226122112221222										ACCT	Cost Ctr	CAT 2 Project	CAT4		
06/06/2020	Filming - Regional Canada Day Concert Series	St. Albert	Fort Sask	Return	72.00					36.36								36.36	6140	1010	516112		
																		-					
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										-								-					
										-								-					
										-								-					
Sub-Total																		\$	36.36				

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 Submitted07-09-2020

MonthJuneYear2020

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 Submitted07-09-2020

MonthJune

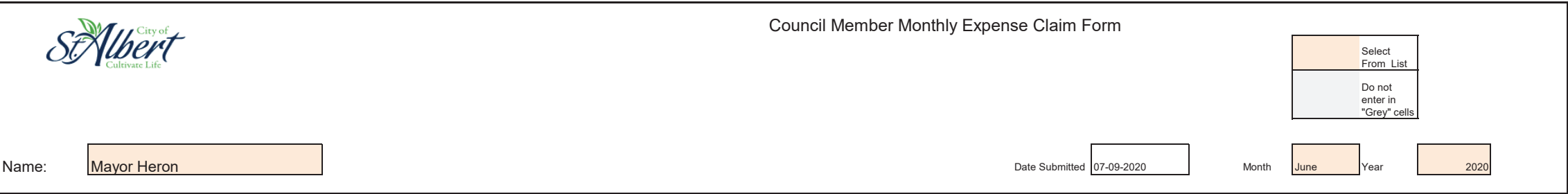
Year2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
06/21/2020	Telus Mobility - Mobile Device Charges	55.00				
06/01/2020	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404 1010		516112 N/A	Mobile Device Charge
			6404 1010		516112 N/A	Office/Operating Supp

Sub-Total\$ 78.00

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

Sub-Total\$ -



Month	June	Year	2020
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Sub-Total	\$ -
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Grand Total Expenses	\$	114.36
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Mayor Heron	\$	114.36

4 of 6



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted07-09-2020

MonthJune

Year2020

Date of Meeting	Board, Committee, Agency Name	Updates
06/01/2020	City Council Meeting	
06/02/2020	AGENDA PLANNING	
06/08/2020	Mayor's Homelessness Task Force Meeting	
06/08/2020	Covid-19 Recovery Task Force Meeting	
06/09/2020	Community Living Standing Committee Meeting	
06/09/2020	CGISC Meeting	
06/10/2020	AGENDA PLANNING	
06/15/2020	City Council Meeting	
06/16/2020	Policing Committee Meeting	
06/22/2020	City Council - Public Hearing	
06/23/2020	AGENDA PLANNING	
06/24/2020	COVID-19 Recovery Task Force Meeting	
06/26/2020	Annexation Negotiation Committee	
06/29/2020	City Council	
06/30/2020	Council Workshop - Committee of the Whole	
06/30/2020	AGENDA PLANNING	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Mayor Heron	Date Submitted	07-09-2020	Month	June	Year	2020
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Authorizations & Approvals	Mayor Heron	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	09-07-20 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: Mayor Heron (June Expenses)
Date: August 13, 2020 2:00:19 PM
Attachments: [Mayor Heron June 2020.pdf](#)

Approved 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: Wednesday, August 12, 2020 1:19 PM
To: Alayna Yarmuch <ayarmuch@stalbert.ca>
Subject: RE: FOR APPROVAL: Mayor Heron (June Expenses)

Approved

Kevin Scoble
Chief Administrative Officer
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Monday, July 13, 2020 10:02 AM
To: Kevin Scoble [REDACTED]
Subject: FOR APPROVAL: Mayor Heron (June Expenses)

For your review and 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: Monday, July 13, 2020 9:32 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Fw: Mayor Heron (June Expenses)

Approved. For Kevin's review

Diane McMordie, CPA, CMA

Director of Finance & Assessment/CFO

§ 87(2)(b) § 87(2)(b) § 87(2)(b) § 87(2)(b)

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

www.stalbert.ca



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