



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 02-11-20  
Month: October  
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					
30-10-20	Pick up Remembrance Day Wreath	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010	516104	A10	General Council Business			
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
Sub-Total																								\$	15.15

Professional Development		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region... specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding							
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CAT4					
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
										-							-								
Sub-Total																								\$	-



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Name: Councillor Brodhead

Date Submitted 02-11-20 Month October 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
										-							-			
										-							-			
										-							-			
										-							-			

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 \$ -



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Name: Councillor Brodhead

Date Submitted: 02-11-20 Month: October 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)		Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description						
25-01-19	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A	Mobile Device Charge
18-01-19	Shaw - Home Office Internet	70.00	6404	1010	516104	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							\$ -							



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Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 02-11-20 Month: October Year: 2020

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

Sub-Total \$ -

- Claim Reminders:**  
**\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  3. A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  4. For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
  5. It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
  6. Expense claims must be submitted within 10 days of the following month
  7. Incomplete expense claims will not be processed

Grand Total Expenses	\$ 140.15
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Brodhead</b>	<b>\$ 140.15</b>

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
2020-10-01	RTSC HR & Compensation Committee	
2020-10-08	RTSC HR & Compensation Committee	
2020-20-13	RTSC Interim Board Meeting	
2020-10-14	Internal Audit Steering Committee	



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Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 02-11-20

Month October

Year 2020

2020-10-15	RTSC Intirim Board Meeting	
2020-10-20	Library Board Meeting with Council	
2020-10-23	Edmonton Salutes	
2020-10-26	Council/ESAB Meeting	
2020-10-27	Intermunicipal Affairs Committee Meeting	
2020-10-29	Nominating Committee	



**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Councillor Brodhead (Oct 2020 Expenses)  
**Date:** November 19, 2020 3:57:00 PM  
**Attachments:** [REDACTED]

---

Approved by Kevin below.

Thanks,

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

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

---

**From:** [REDACTED]  
**Sent:** Thursday, November 19, 2020 1:47 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Brodhead (Oct 2020 Expenses)

Approved

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

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

---

**From:** [REDACTED] >  
**Sent:** Tuesday, November 3, 2020 10:59 AM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Brodhead (Oct 2020 Expenses)

For your approval, please

Thanks,

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

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

---

**From:** [REDACTED]

**Sent:** Tuesday, November 3, 2020 10:57 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Brodhead (Oct 2020 Expenses)

Approved. For Kevin's approval then back to Lynda.

Thanks

[REDACTED]  
*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)

---

**From:** [REDACTED]  
**Sent:** November 3, 2020 10:28 AM  
**To:** [REDACTED]  
**Subject:** Councillor Brodhead (Oct 2020 Expenses)

Good morning Diane

I have reviewed the attached.

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

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



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### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 30/11/20 Month: November Year: 2020

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



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Name: Councillor Brodhead

Date Submitted: 30/11/20 Month: November Year: 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CAT4
										-							-			A8 AUMA
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3 CAT4
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:

Year:

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				Expense Type
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7		
	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
25/01/19	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A	Mobile Device Charge
18/01/19	Shaw - Home Office Internet	70.00	6404	1010	516104	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)								
23/11/20	Registration for Webinar with Premier Kenney					21.00		21.00
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 21.00



## Council Member Monthly Expense Claim Form

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Name: Councillor Brodhead

Date Submitted: 30/11/20 Month: November Year: 2020

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

Sub-Total \$ -

**Claim Reminders:**

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

1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
3. A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
4. For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
5. It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
6. Expense claims must be submitted within 10 days of the following month
7. Incomplete expense claims will not be processed

Grand Total Expenses	\$ 146.00
Less: BMO MasterCard	-\$ 21.00
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Brodhead</b>	<b>\$ 125.00</b>

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
11/4/2020	MDP Council Workshop	
11/5/2020	RTSC HR & Compensation Committee	
11/6/2020	CUTA Executive Committee Meeting	
11/9/2020	EMRB Audit and Finance Committee Meeting	
11/9/2020	Budget Public Participation - World Café	
11/12/2020	EMRB Audit and Finance Committee Meeting	



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

11/13/2020	Internal Audit Steering Committee Meeting	
11/17/2020	Council Meeting with Policing Committee	
11/19/2020	RTSC Interim Board Meeting	
11/19/2020	Council Meeting with Chamber of Commerce Board	
11/19/2020	Council Meeting with Civic Committees	
11/24/2020	EMRB Audit and Finance Committee Meeting	
11/26/2020	RTSC HR & Compensation Committee	
11/26/2020	Edmonton Salutes Committee Meeting	



# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:

Year:

### Authorizations & Approvals

Councillor Brodhead

November

2020

#### Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below. This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

Preparer's Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

#### Council Member

I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

Council Member's Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

#### Accounts Payable

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

Accounts Payable Personnel Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

#### Chief Financial Officer

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Chief Financial Officer Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

#### Chief Administrative Officer (City Manager)

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

City Manager Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Councillor Brodhead (November Expenses)  
**Date:** December 16, 2020 1:36:28 PM  
**Attachments:** [REDACTED]

---

Approved below.

Thanks,

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

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

---

**From:** [REDACTED]  
**Sent:** Wednesday, December 16, 2020 12:44 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Brodhead (November Expenses)

Approved.

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

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

---

**From:** [REDACTED]  
**Sent:** Wednesday, December 2, 2020 11:07 AM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Brodhead (November Expenses)

For your 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 <[dmcordie@stalbert.ca](mailto:dmcordie@stalbert.ca)>



**Sent:** Wednesday, December 2, 2020 11:00 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Fw: Councillor Brodhead (November Expenses)

Hi Alayna

Approved. For Kevin's approval then back to Lynda

---

**From:** [REDACTED]  
**Sent:** December 2, 2020 9:54 AM  
**To:** [REDACTED]  
**Subject:** Councillor Brodhead (November Expenses)

Hi Diane

Attached is Councillor Brodhead's November expense claim which I have reviewed.

Could you please approve and forward to Alayna for Kevin's approval.

Thank you

***(working remotely)***

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*

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

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



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Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim km's-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4	
Sub-Total																	\$	-			

Professional Development		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CAT4	
Sub-Total																	\$	-			



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 29-12-20 Month December Year 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region-specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding					
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224			ACCT	Cost Ctr	Project CAT2	CAT4	
										-							-					A8	AUMA
										-							-						
										-							-						
										-							-						
										-							-						

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 Brodhead

Date Submitted: 29-12-20 Month: December Year: 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT 7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							
25-01-19	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A	Mobile Device Charge
18-01-19	Shaw - Home Office Internet	70.00	6404	1010	516104	N/A	Office/Operating Supp

Sub-Total \$ 125.00

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

Sub-Total \$ -



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 29-12-20 Month: December Year: 2020

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

Sub-Total \$ -

- Claim Reminders:  
**\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  3. A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  4. For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
  5. It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
  6. Expense claims must be submitted within 10 days of the following month
  7. Incomplete expense claims will not be processed

Grand Total Expenses	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Brodhead	\$ 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
2020-12-01	RTSC/ATU Virtual Meeting	
2020-12-03	RTSC Virtual Presentation	
2020-12-09	Virtual EMRB: Integrated Regional Transport Master Plan	
2020-12-14	Virtual RTSC HR & Compensation Committee	



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 29-12-20

Month December

Year 2020

2020-12-17	Virtual RTSC Interim Board Meeting	
2020-12-18	Edmonton Salutes Virtual Meeting	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 29-12-20 Month December Year 2020

Authorizations & Approvals Councillor Brodhead December 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.

Brittany Switzer Dec 14, 2020  
 Brittany Switzer (Dec 14, 2020 14:06 MST)  
 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.

Wes Brodhead Dec 14, 2020  
 Wes Brodhead (Dec 14, 2020 15:27 MST)  
 Council Member's Signature Date (DD/MM/YY)

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

Lynda Lavallee Dec 15, 2020  
 Lynda Lavallee (Dec 15, 2020 08:04 MST)  
 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

Diane McMordie Dec 15, 2020  
 Diane McMordie (Dec 15, 2020 08:13 MST)  
 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

[Signature] Dec 16, 2020  
 City Manager Signature Date (DD/MM/YY)