

Name:	Councillor Hansen	Date Submitted	04-11-20	Month	October	Year	2020
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[illegible]



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 04-11-20

Month October Year 2020

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted04-11-20MonthOctoberYear2020

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 Hansen

Date Submitted:

04-11-20

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					
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	Shaw Cable - 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 Submitted04-11-20MonthOctoberYear2020

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)												
												-
												-
												-
												-
												-
												-
												-
												-

- 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

Sub-Total\$ -

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	
10/15/2020	Kingsmeade Park Development Public Participation	
10/22/2020	Annexation Public Participation Information Session	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
10/05/2020	Regular Council Meeting	
10/13/2020	Community Growth and Infrastructure	
10/19/2020	Regular Council Meeting	



Council Member Monthly Expense Claim Form

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	Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted:

04-11-20

Month:

October

Year:

2020

10/20/2020	Council & Library Board Annual Meeting	
10/21/2020	Library Board meeting	
10/26/2020	Council/ESAB Meeting	
10/27/2020	Special City Council Meeting	
10/28/2020	COVID-19 Recovery Task Force Meeting	
10/28/2020	Intermunicipal Affairs Committee Meeting	
10/29/2020	Nominating Committee	
10/30/2020	Inter-City Forum on Social Policy	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Hansen	Date Submitted	04-11-20	Month	October	Year	2020
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Authorizations & Approvals	Councillor Hansen	October	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.	
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: Cllr Hansen - October Expense Claim
Date: November 19, 2020 3:58:05 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 1:49 PM
To: [REDACTED]
Subject: RE: FOR APPROVAL: Cllr Hansen - October Expense Claim

Approved

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, November 5, 2020 1:53 PM
To: [REDACTED]
Subject: FOR APPROVAL: Cllr Hansen - October Expense Claim

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: Thursday, November 5, 2020 1:49 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: FW: Cllr Hansen - October Expense Claim

Hi Alayna

Approved. For Kevin's approval then back to Barb

[REDACTED]
Director, Finance & Assessment / Chief Financial Officer

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

From: [REDACTED]

Sent: November 5, 2020 1:34 PM

To: [REDACTED]

Subject: FW: Cllr Hansen - October Expense Claim

Hi Diane,

I have reviewed Councillor Hansen's Oct claim and approve.

Thanks,

[REDACTED]

From: [REDACTED]

Sent: November 5, 2020 8:52 AM

To: [REDACTED]

Subject: RE: Cllr Hansen - October Expense Claim

Rayann apologizes! Just forgot about the new process
Attached is the PDF version.

Thank you,

[REDACTED]
Administrative Assistant
Office of the Mayor and Councillors

[REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]

Sent: November 5, 2020 8:48 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: FW: Cllr Hansen - October Expense Claim

Hi Brittany,

Can you send these as a PDF??

Thanks,

[REDACTED]

From: [REDACTED]

Sent: November 4, 2020 4:19 PM

To: [REDACTED]

Subject: FW: Cllr Hansen - October Expense Claim

Good afternoon,

Please find attached Cllr Hansen's approved October expense claim.

Thanks!

[REDACTED]

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]

Sent: November 4, 2020 4:13 PM

To: [REDACTED]

Subject: Re: Cllr Hansen - October Expense Claim

Yes, I approve. thank you!


[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]



St-Albert_City-logo_4colour_RGB_email.tif

Get [Outlook](#) for iOS

From: 
Sent: Wednesday, November 4, 2020 2:37:46 PM
To: 
Subject: Cllr Hansen - October Expense Claim

Good morning Cllr Hansen,

Please see the attached expense claim form for your review and approval.

Thanks!


Executive Assistant | Office of the Mayor and Council


Bringing Our Best to Cultivate An Amazing Community



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 04-12-20 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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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				
		From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222			ACCT	Cost Ctr	CAT3	CAT4
Date (DD/MM/YY)	Nature of Event/Meeting									-							-					
										-							-					
										-							-					
										-							-					
										-							-					
										-							-					

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 04-12-20 Month November Year 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
10-11-20	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A Mobile Device Charges
22-11-20	Telus Cable - 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)								
11/06/2020	RECYCLING COUNCIL OF A BLUFFTON - Cllr Hansen registration RCA webinar					75.00		75.00
11/06/2020	EDMONTON CHAMBER EDMONTON - Hansen registration premier kenney webinar					21.00		21.00
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 96.00

Select From List

Do not enter in "Grey" cells

Name:

Date Submitted Month Year

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	\$ 221.00
Less: BMO MasterCard	-\$ 96.00
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	
11/04/2020	Council Workshop - MDP	
11/05/2020	Budget Public Participation - World Cafe Discussions	
11/09/2020	Budget Public Participation - World Cafe Discussions	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
11/02/2020	Regular Council Meeting	
11/03/2020	Special Council Meeting/Committee of the Whole - Budget	
11/05/2020	Committee of the Whole - Budget	
11/09/2020	Community Growth & Infrastructure Standing Committee Meeting	
11/10/2020	COVID-19 Recovery Task Force Meeting	
11/10/2020	Agenda Planning	
11/13/2020	Annual Council Meeting with Policing Committee	
11/14/2020	Civic Agencies 2021 Intake	
11/16/2020	Regular Council Meeting	
11/18/2020	Library Board meeting	
11/19/2020	Meeting with Chamber Board of Directors	
11/19/2020	Budget discussion with representatives from the Committees of Council	
11/23/2020	Recovery Task Force Meeting	
11/23/2020	Committee of the Whole - Budget	
11/25/2020	Agenda Planning	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 04-12-20

Month November Year 2020

11/26/2020	EAC Meeting	
11/30/2020	IN CAMERA - Committee of the Whole	
11/30/2020	Regular Council Meeting	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 04-12-20 Month November Year 2020

Authorizations & Approvals	Councillor Hansen	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]
Subject: FW: Expense Claim - Cllr Hansen - November
Date: December 16, 2020 2:23:52 PM
Attachments: [REDACTED]
[REDACTED]

Approved below...sorry I missed this one

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 1:13 PM
To: [REDACTED]
Subject: RE: Expense Claim - Cllr Hansen - November

Approved

[REDACTED]
Chief Administrative Officer
[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Wednesday, December 16, 2020 1:04 PM
To: [REDACTED]
Subject: Fwd: Expense Claim - Cllr Hansen - November

Here you go, sorry about that.

[REDACTED]

From: [REDACTED]
Sent: Monday, December 7, 2020 8:39 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Expense Claim - Cllr Hansen - November

Approved. For Kevin's approval then back to Barb

[REDACTED]
Director, Finance & Assessment / Chief Financial Officer

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

From: [REDACTED]
Sent: December 7, 2020 8:19 AM
To: [REDACTED]
Subject: FW: Expense Claim - Cllr Hansen - November

Hi Diane,

I have reviewed Councillor Hansen Claim for AP and approve.

Thanks,

[REDACTED]

From: [REDACTED]
Sent: December 4, 2020 4:38 PM
To: [REDACTED]
Subject: FW: Expense Claim - Cllr Hansen - November

Hi Barb,

Does the attached work for you?

From: [REDACTED]
Sent: December 4, 2020 4:20 PM
To: [REDACTED]
Subject: FW: Expense Claim - Cllr Hansen - November

Sorry to bug you but can you "fit to page" Cllr Hansen's claim? The #'s are coming out on other pages. Sorry I tried to edit it but I couldn't???

Thanks,

[REDACTED]

From: [REDACTED]
Sent: December 4, 2020 3:00 PM
To: [REDACTED]
Subject: FW: Expense Claim - Cllr Hansen - November

Hi Barb,

I have changed the format to a PDF as requested.

Have a great weekend.

Kind Regards,

[REDACTED]

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]

Sent: December 4, 2020 2:14 PM

To: [REDACTED]

Subject: FW: Expense Claim - Cllr Hansen - November

Hi Rayann,

Any chance you can send this claim, all in Adobe as Brittany has been? It makes it much easier to process.

Thanks,

[REDACTED]

From: [REDACTED]

Sent: December 4, 2020 1:49 PM

To: [REDACTED]

Subject: FW: Expense Claim - Cllr Hansen - November

Good afternoon,

Please find attached Cllr Hansen's approved November expense claim.

Kind Regards,

[REDACTED]

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: December 4, 2020 1:48 PM
To: [REDACTED]
Subject: RE: Expense Claim - Cllr Hansen - November

Thanks Rayann, Looks great.

From: [REDACTED]
Sent: Friday, December 4, 2020 1:42 PM
To: [REDACTED]
Subject: FW: Expense Claim - Cllr Hansen - November

Hi Cllr Hansen,

I have made the amendment, attached for your review and approval.

Kind Regards,

[REDACTED]

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: December 4, 2020 11:41 AM
To: [REDACTED]
Subject: RE: Expense Claim - Cllr Hansen - November

Hi Rayann, I did not go to the Youth Committee. I'm the alternate but Ray went to it, I didn't. Otherwise.... All good!

From: [REDACTED]
Sent: Friday, December 4, 2020 11:31 AM
To: [REDACTED]
Subject: Expense Claim - Cllr Hansen - November

Good morning Cllr Hansen,

Please find attached your November expense claim form for your review and

approval.

Kind Regards,

[REDACTED]

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED] [REDACTED]

Bringing Our Best to Cultivate An Amazing Community



Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 12/16/2020

Month	December	Year	2020
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[illegible]

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			
										-								-
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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 Submitted: 12/16/2020

Month: December Year: 2020

ALUMA 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
										-							-			
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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 Submitted 12/16/2020

Month December Year 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
20-12-10	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A Mobile Device Charge
20-12-22	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 Submitted 12/16/2020

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 Hansen	\$ 125.00

Training and Development Activities

Activity Name	Description of Activity Content and any learning/information worth sharing
12/15/2020	Notice of Pre-Submission Open House, Proposal to amend the Enn Ridge North Area Structure Plan

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)

Date	Meeting	Updates
12/01/2020	Agenda Planning	
12/01/2020	Committee of the Whole	
12/07/2020	Regular City Council Meeting	
12/09/2020	Recovery Task Force Meeting	
12/15/2020	Agenda Planning	
12/16/2020	Library Board meeting	
12/17/2020	NSWA Executive Meeting	
12/21/2020	Regular City Council Meeting	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Councillor Hansen

Date Submitted 12/16/2020

Month

December

Year

2020

Authorizations & Approvals

Councillor Hansen

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.

Rayann Laforce

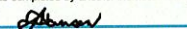
Preparer's Signature

16-12-20

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.



Jacques Hansen (Dec 18, 2020 10:34 MST)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

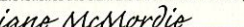

Barbara Marrese (Dec 18, 2020 12:27 MST)

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 McMorris (Dec 16, 2020 13:44 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


J. S. Doble

City Manager Signature

Date (DD/MM/YY)

C:\Users\rlford\Desktop\Council Expense Claims\Monthly Expense Claims\Ctr Hansen\December\Hansen - Council Expense Claim xlsx\Claim Form