Council	Member	Monthly	Expense	Claim	Form
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Select From List

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Name: Councillor Hansen

Date Submitted

04-11-20

Month

October Year

2020

General Council I	Related Business	In-Region Mileage Cl	aim based on Chart	One	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)		Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL Coding	1
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	CAT Cost Ctr Proje	ct CAT4
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Sub-Total

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Professional Deve	elopment	In-Region Mileage Cl₄	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding CAT 2
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221			1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Name:

Councillor Hansen

Date Submitted

04-11-20

Month

October Year

2020

\$ -

Sub-Total



Select From List

Do not enter in
"Grey" cells

Name:

Councillor Hansen

Date Submitted

04-11-20 Month

October Year

2020

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl			Out-of-Region Mileag			Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		122	1 1221	1222	1226	1227	1225	1224	ļ	ACCT	CAT 2 Project CAT4	4
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Sub-Total

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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage CI	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			_		CAT7_		1220	1220	) 1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CAT	.T4
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Sub-Total

\$ -



Select From List Do not enter in "Grey" cells

Year

Name:

Councillor Hansen

Date Submitted

04-11-20

Month October

2020

Operating Supplies/Telephone/Internet/Sponsorships  Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	G	GL Coding	
Date (DD/MMYY) Detailed Description		ACCT Cost Co	CAT 2 tr Project CAT7	Expense Type
10-01-19 Telus Mobility - Councillor Mobile Device	55.00	6404 1010	516110 N/A	Mobile Device Ch
17-01-18 Shaw Cable - Councillor Home Office Internet	70.00	6404 1010	516110 N/A	Office/Operating

\$ 125.00 Sub-Total

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

$\mathcal{Q}_{\Sigma}$	City of
SFX	llbert
	Culainna Life

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Name:	Councillor Hansen	Date Submitted	04-11-20	1	October	Year	2020
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Expenses Paid Dir	ectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
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#### Claim Reminders

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

Sub-Total \$ -

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

Training and De	velopment Activities	
Activity Name	Description of Activity Content and any learning/i	information worth sharing
10/15/2020	Kingsmeade Park Development Public Participat	ion
10/22/2020	Annexation Public Participation Information Sess	ion
Board, Committ	ee, Agency meetings attended (Includes both Co	uncil 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	



Select From List

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enter in
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ivame.	Councillor nansen	Date Submitted	04-11-20	Wonth	October	Year	2020
40/00/0000	Court of the Library Daniel Assessed Markins						
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						



Select From List Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 04-11-20 Month October Year 2020

Authorizations & Approvals		Councillor Hansen	October	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 was completed by another individual. All applicable receipts have been attached.	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		
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)			
			1	
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)			
			<del>-</del>	

From: To: Cc: Subject: FW: FOR APPROVAL: Cllr Hansen - October Expense Claim Date: November 19, 2020 3:58:05 PM Attachments: Approved by Kevin below. Thanks, Senior Executive Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: Sent: Thursday, November 19, 2020 1:49 PM Subject: RE: FOR APPROVAL: Cllr Hansen - October Expense Claim Approved Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: **Sent:** Thursday, November 5, 2020 1:53 PM **Subject:** FOR APPROVAL: Cllr Hansen - October Expense Claim For your approval, please. Thanks, Senior Executive Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Thursday, November 5, 2020 1:49 PM  To:  Cc:  Subject: FW: Cllr Hansen - October Expense Claim
Hi Alayna
Approved. For Kevin's approval then back to Barb
Director, Finance & Assessment / Chief Financial Officer  City of St. Albert   5 St. Anne Street   St. Albert, AB   T8N 3Z9  www.stalbert.ca
From: Sent: November 5, 2020 1:34 PM
To: Subject: FW: Cllr Hansen - October Expense Claim
Hi Diane,
I have reviewed Councillor Hansen's Oct claim and approve.
Thanks,
From: Sent: November 5, 2020 8:52 AM To: Subject: RE: Cllr Hansen - October Expense Claim
Rayann apologizes! Just forgot about the new process Attached is the PDF version.
Thank you,
Administrative Assistant Office of the Mayor and Councillors
Bringing Our Best to Cultivate An Amazing Community
From:

**Sent:** November 5, 2020 8:48 AM Cc: Subject: FW: Cllr Hansen - October Expense Claim Hi Brittany, Can you send these as a PDF?? Thanks, From: **Sent:** November 4, 2020 4:19 PM **Subject:** FW: Cllr Hansen - October Expense Claim Good afternoon, Please find attached Cllr Hansen's approved October expense claim. Thanks! Executive Assistant | Office of the Mayor and Council Bringing Our Best to Cultivate An Amazing Community **Sent:** November 4, 2020 4:13 PM To: **Subject:** Re: Cllr Hansen - October Expense Claim Yes, I approve. thank you!

St-Albert\_City-logo\_4colour\_RGB\_email.tif

Get <u>Outlook</u> 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** 



Select From List

Do not enter in "Grey" cells

Councillor Hansen Name:

04-12-20 Date Submitted

Month

2020

General Council R	elated Business	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Reg	ion Mileage Claim (or In-Region, specific mileage)	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Regi /Eve Meals *	stration nt Ticket General Expens	es * Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		122	0 1220	) 122	5 1226	1221	1222	222	ACCT	CAT 2 Cost Ctr Projec	2 ct CAT4
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milear specific	ge Claim (or In-Region,	One Way	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		G	_ Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CAT4	
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Sub-Total \$ -



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Councillor Hansen Name:

04-12-20 Date Submitted

Month

2020

AUMA or FCI	Convention or Board Expenses	In-Region Mileage C		Mileage Claim (From Chart)	Out-of-Region Mileac	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM	YY) Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	1	ACCT	CAT 2 Cost Ctr Project	
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Sub-Total \$ -

Office of the Mayo	r (Official Events & Duties)	In-Region Mileage C		Mileage Claim (From Chart)	Out-of-Region Mileagon Specific	e Claim (or In-Region, mileage)		Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket G	General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1 1222	1222		ACCT Cost	Ctr CAT3 CAT4
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Councillor Hansen Name:

04-12-20 Date Submitted

Month

2020

Operating Supplie	Illes/Telephone/Internet/Sponsorships  Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total		GL	Coding		
Date (DD/MM/YY)	(y) Detailed Description		ACCT	Cost Ctr	CAT 2 Project CA	.T7 T	Expense Type
10-11-20	20 Telus Mobility - Councillor Mobile Device	55.00	64	04 1010	516110	N/A M	Mobile Device Charg
22-11-20	20 Telus Cable - Councillor Home Office Internet	70.00	64	04 1010	516110	N/A	Office/Operating Sup

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 - Clir Hansen registration RCA webinar					75.00		75.00
11/06/2020	EDMONTON CHAMBER EDMONTON - Hansen registration premier kenney webinar					21.00		21.00
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Sub-Total

\$ 96.00



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Name:	Councillor Hansen	Date Submitted 04-12-2	) Month	November	Year	2020	)

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

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

- 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	\$	221.00
Less: BMO MasterCard	-\$	96.00
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hansen	\$	125.00

Sub-Total

Taninian and Da	velopment Activities	
rraining and De	velopment Activities	
A -45 -54 - Al	Description of Activity Content and any learning/infor	
Activity Name	Description of Activity Content and any learning/infor	maior worn staring
11/04/2020	Council Workshop - MDP	
11/04/2020	Council Workshop - WiDP	
11/05/2020	Budget Public Participation - World Cafe Discussion	
THOOPEGEO	Budget Public Participation - World Cafe	v
11/09/2020	Discussions	
THOUZULU	Discussions	
Board, Committ	ee, Agency meetings attended (Includes both Coun	cil appointed and other approved committees)
Date	Meeting	Updates
44/00/0000		
11/02/2020	Regular Council Meeting	
44/00/0000	Special Council Meeting/Committee of the Whole - Budget	
11/03/2020	Budget	
11/05/2020	Committee of the Whole - Budget	
11/03/2020		
11/09/2020	Community Growth & Infrastructure Standing Committee Meeting	
11/03/2020	Committee Meeting	
11/10/2020	COVID-19 Recovery Task Force Meeting	
	The state of the s	
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	
	L	
11/19/2020	Meeting with Chamber Board of Directors	
44/40/0000	Budget discussion with representatives from the Committees of Council	
11/19/2020	Committees of Council	
44/00/0000	Dans and Took Cores Markins	
11/23/2020	Recovery Task Force Meeting	
11/23/2020	Committee of the Whole - Budget	
11/23/2020	Committee of the viriole - Budget	
11/25/2020	Agenda Planning	
11/23/2020	[Agenda Fiaming	



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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	



Select From List

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Name: Cou

Councillor Hansen

Date Submitted 04-12-20 Month November Year 202

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 was completed by another individual. All applicable receipts have been attached.	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 clair	n even if the form		
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)			
N. C. S. A. S.				
Chief Financial Officer  I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a	re 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 a	re in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
CN Learnistant Destroit ourcil Evanes a Claims Monthly Evanes a Claims (Hanson, Council Evanes a Claims viem) Ci				

C:\Users\rlloyd\Desktop\Council Expense Claims\Monthly Expense Claims\[Hansen - Council Expense Claim.xlsm]Claim For

From:
To:
Subject: FW: Expense Claim - Cllr Hansen - November
Date: December 16, 2020 2:23:52 PM
Attachments:

Approved below...sorry I missed this one

Thanks,

Senior Executive Assistant
Office of the Chief Administrative Officer

### Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Wednesday, December 16, 2020 1:13 PM

To:

**Subject:** RE: Expense Claim - Cllr Hansen - November

**Approved** 

Chief Administrative Officer

### Bringing Our Best to Cultivate An Amazing Community

From:

**Sent:** Wednesday, December 16, 2020 1:04 PM

To:

Subject: Fwd: Expense Claim - Cllr Hansen - November

Here you go, sorry about that.

From:

Sent: Monday, December 7, 2020 8:39 AM

To:

Cc:

**Subject:** FW: Expense Claim - Cllr Hansen - November

Approved. For Kevin's approval then back to Barb



From:

Sent: December 7, 2020 8:19 AM

To:

**Subject:** FW: Expense Claim - Cllr Hansen - November

HI Diane,

I have reviewed Councillor Hansen Claim for AP and approve.

Thanks,

From:

Sent: December 4, 2020 4:38 PM

To:

Subject: FW: Expense Claim - Cllr Hansen - November

Hi Barb,

Does the attached work for you?

From:

**Sent:** December 4, 2020 4:20 PM

To:

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,

From:

Sent: December 4, 2020 3:00 PM

To:

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,

Executive Assistant | Office of the Mayor and Council

### Bringing Our Best to Cultivate An Amazing Community

From:

**Sent:** December 4, 2020 2:14 PM

To:

**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,

From:

**Sent:** December 4, 2020 1:49 PM

To:

**Subject:** FW: Expense Claim - Cllr Hansen - November

Good afternoon,

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

Kind Regards,

# Bringing Our Best to Cultivate An Amazing Community

From:

**Sent:** December 4, 2020 1:48 PM

Subject: RE: Expense Claim - Cir Hansen - November
Thanks Rayann, Looks great.
From: Sent: Friday, December 4, 2020 1:42 PM To: Subject: FW: Expense Claim - Cllr Hansen - November
Hi Cllr Hansen,
I have made the amendment, attached for your review and approval.
Kind Regards,
Executive Assistant   Office of the Mayor and Council  Bringing Our Best to Cultivate An Amazing Community
From: Sent: December 4, 2020 11:41 AM
To: 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: Sent: Friday, December 4, 2020 11:31 AM To: 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,



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



Select From List

Do not enter in "Grey" cells

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Councillor Hansen

Date Submitted 12/16/2020

December Year

Month

2020

General Council Related Business	In-Region Mileage C	claim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Milea specific	ge Claim (or In-Region, c mileage)		Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses	Total		GL Coding CAT 2
ate (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	122	5 1226	1221	1222	122	2	ACCT	Cost Ctr Project CAT4
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late (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	122	1222	1226	1227	1225	1224	1	ACCT	Cost Ctr Project CAT4
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Sub-Total

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Name:

Councillor Hansen

Date Submitted 12/16/2020

onth December Year

2020

UMA or FCM Convention or Board Expenses	In-Region Mileage C		Mileage One Way Claim (Fro /Return Chart)		oge Claim (or In-Region, c mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	T/A	Conference or Course Registration /Event Ticket	General Expenses * 1	Total		GL Coding
ate (DD/MM/YY) Nature of Event/Meeting	From	То		From	То	CAT7_		122	122	122	2 1226	5 122	7 1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
			1000													1	
																1	
																1	

Sub-Total

s -

Office of the Mayor (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way Clair /Return Char	(From	Out-of-Region Mileag specific	ge Claim (or In-Region, mileage)	One Way /Return	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses	Total		GL Codi	ng
ate (DD/MMYYY) Nature of Event/Meeting	From	То		Fre	om	То	CAT7_	_	122	1220	1225	1226	122	1 1222	122	2	ACCT	Cost Ctr CAT	CAT4
																	7		
																	7		

Sub-Total

2 of 5



	Expense	

Select From
 List
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in "Grey"
cells

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Councillor Hansen

Date Submitted 12/16/2020

Month December Yea

2020

perating Supplie	Witelephone/Internet/Sponsorships  Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total		GL Coding	
ate (DD/MM/YY)	Detailed Description		ACCT C	CAT 2 Cost Ctr Project CA	Expense AT7 Type
20-12-10	Telus Mobility - Councillor Mobile Device	55.00	6404 1	010 516110	N/A Mobile Device
20-12-22	Tetus Internet - Councillor Home Office Internet	70.00	6404 1	010 516110	N/A Office/Operat
			-		
			-		
			4		

Sub-Total

\$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)				Ι	1	T	Т	
	<u> </u>			-	1-	-		-

Sub-Total

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Name:	Councillor Hansen		Date Submitted	12/16/2020		Month	December	Year		2020	
Expenses Paid Di	rectly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		
Date (DD/MM/YY)											
					-				-	_	
						+	-	-	-	-	
							+	_		-	
		X									
				pi.							
Detailed receipts     Meter parking m     A standard miles     For meal expens     It is recommend     Expense claims	must be provided for all expenses. Credit Card slips ay be claimed without a receipt up to \$15. Clearly ind age chart is available for use. All kilometers are based as, the eventidescription section should clearly indica	cate (Meter) in the nature of event/meeting section. on St. Athert Place (SAP) as the base location et mature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the recept ut. 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)			Less: E	Expenses	sterCard	r Hansen	S	\$ \$ \$ \$	125.0
Training and Deve	elopment Activities		E WILLIAM			grat,		10.1111	72		
Activity Name	Description of Activity Content and any learning/infor	nation worth sharing								_	
12/15/2020	Notice of Pre-Submission Open House, Proposal to	imend the Erin Ridge North Area Structure Plan								-	
Board, Committee	e, Agency meetings attended (includes both Coun-	il appointed and other approved committees)					11/32/2007		6 Val		
Date	Meeting	Updates									

Board, Commi	ittee. Agency meetings attended (includes both C	ouncil appointed and other approved committees)
Date	Meeting	Updates
12/01/2020	Agenda Planning	y-control
12/01/2020	Agenda Franning	
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	



Select From List

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Councillor Hansen

Date Submitted 12/16/2020

)

Month December Year

2020

Authorizations & Approvals		Councillor Hansen	December	2
Preparer f claim form was prepared by an individual other than the Council Member, sign and This expense claim form was prepared in accordance with all information provided by	i date below y the Council Member at the time of submission.			
ayann Laforce reparer's Signature	18-12-20 Date (OD/MMYY)			
ouncil Member ertify that the expenditures claimed on this form were incurred while conducting bu as completed by another individual. All applicable receipts have been attached.	usiness 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		
lacque Hansen (Dec 18, 2020 10:28 MST)				
Council Member's Signature	Date (DD/MMYY)			
ccounts Payable have reviewed this claim for mathematical accuracy and documentation support.  Barbara Marrese barbara 18, 200 13:27 MST)				
ccounts Payable Personnel Signature	Date (OD/MMYY)			
thef Financial Officer				
	tion and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
riane McMordie methemorie (Dec 18, 2020 13.14 M3T)	<u></u>			
Chief Financial Officer Signature	Date (DDIMMYY)			
Chief Administrative Officer (City Manager)				
have reviewed this claim and am satisfied that the expenses listed and the information	tion and documentation provided are in accordance with Council policy C-CC-93 Council Remuneration and Expense Relimbursement			
fucesta				

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