





Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

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 \$ -



### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 02-11-20 Month: October 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
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							
10-01-19	Mobility	37.21	6404	1010	516106	N/A	Mobile Device Charge
17-01-19	Shaw Cable	70.00	6404	1010	516106	N/A	Office/Operating Supp
Sub-Total		\$ 107.21					

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



### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 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	\$ 107.21
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Hughes</b>	<b>\$ 107.21</b>

Training and Development Activities	
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Meeting	Updates
2020-10-14	Internal Audit Steering Committee	
2020-10-20	Library Board Meeting with Council	
2020-10-26	Council/ESAB Meeting	





### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:

Year:

**Authorizations & Approvals**

Councillor Hughes

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 City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

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

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

**Accounts Payable**

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

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

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

**Chief Financial Officer**

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

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

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

**Chief Administrative Officer (City Manager)**

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

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

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

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Councillor Hughes (Oct 2020 Expenses)  
**Date:** November 19, 2020 3:55:44 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 1:45 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Councillor Hughes (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 11:00 AM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Hughes (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 10:58 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Councillor Hughes (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] [REDACTED]

---

**From:** [REDACTED]  
**Sent:** November 3, 2020 10:29 AM  
**To:** [REDACTED]  
**Subject:** Councillor Hughes (Oct 2020 Expenses)

Good morning Diane

I have reviewed the attached.

Could you please approve and 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] [REDACTED]  
[www.facebook.com/cityofstalbert](http://www.facebook.com/cityofstalbert) | [www.twitter.com/cityofstalbert](http://www.twitter.com/cityofstalbert)



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]  
**Subject:** FW: Hughes October Expense Claim  
**Date:** October 29, 2020 4:06:55 PM  
**Attachments:** [REDACTED]

---

Please see the below and attached.

Thank you,

[REDACTED]  
*Administrative Assistant*  
*Office of the Mayor and Councillors*  
[REDACTED] [REDACTED]

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

---

**From:** [REDACTED]  
**Sent:** October 29, 2020 4:03 PM  
**To:** [REDACTED]  
**Subject:** Re: Hughes October Expense Claim

Approved.

[REDACTED]  
Councillor, City of St. Albert  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Thursday, October 29, 2020 3:57:52 PM  
**To:** [REDACTED]  
**Subject:** Hughes October Expense Claim

Good afternoon,

Attached for your review and approval.  
Please accept this email as my authorization.

Thank you,

[REDACTED]  
*Administrative Assistant*  
*Office of the Mayor and Councillors*  
[REDACTED] [REDACTED]

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









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)						
10/01/19	Mobility	37.21		6404 1010	516106 N/A		Mobile Device Charge
17/01/19	Shaw Cable	70.00		6404 1010	516106 N/A		Office/Operating Supp

Sub-Total \$ 107.21

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

Sub-Total \$ -





Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year






# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:

Year:

### Authorizations & Approvals

Councillor Hughes

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 Hughes (Nov 2020 Expenses)  
**Date:** December 16, 2020 1:36:52 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 Hughes (Nov 2020 Expenses)

Approved

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

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

---

**From:** [REDACTED]  
**Sent:** Wednesday, December 2, 2020 11:26 AM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Councillor Hughes (Nov 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:** Wednesday, December 2, 2020 11:22 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Fw: Councillor Hughes (Nov 2020 Expenses)

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

---

**From:** [REDACTED]  
**Sent:** December 1, 2020 1:21 PM  
**To:** [REDACTED]  
**Subject:** Councillor Hughes (Nov 2020 Expenses)

Hi Diane

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

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

Thank you

***(working remotely)***

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*

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

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



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.



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 29-12-20 Month December 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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			





Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hughes

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

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)						
10-01-19	Mobility	47.71	6404	1010	516106	N/A	Mobile Device Charge
17-01-19	Shaw Cable	70.00	6404	1010	516106	N/A	Office/Operating Supp

Sub-Total \$ 117.71

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
15-12-20	St. Albert Chamber of Commerce 2020 Season Pass					120.02		120.02
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 120.02



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

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	\$ 237.73
Less: BMO MasterCard	-\$ 120.02
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Hughes</b>	<b><span style="border-bottom: 3px double black; padding: 0 20px;">\$ 117.71</span></b>

Training and Development Activities	
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing

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







### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

**Authorizations & Approvals**

Councillor Hughes 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*  
 Brittany Switzer (Dec 16, 2020 08:20 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.

*Sheena Hughes*  
 Sheena Hughes (Dec 16, 2020 09:52 MST)

Council Member's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

*Lynda Lavallee*  
 Lynda Lavallee (Dec 16, 2020 10:11 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*  
 Diane McMordie (Dec 16, 2020 10:33 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

*Ken Dossa*

City Manager Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_