



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

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,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Reg /Eve Meals * *	gistration ent Ticket	General Expenses *	Total		GL Coding	9
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From To		CAT7_		1220		1225	1226	1221	1222	1222	!	ACCT	CAT Cost Ctr Proje	2 ect CAT4
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Professional Deve	olopment	In-Region Mileage C		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	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	То			From		CAT7_		1221					5 1224	1	ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total



Select From List

Do not enter in
"Grey" cells

Name:

Councillor Hughes

Date Submitted

02-11-20 Month

October Year

2020

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage C		Way	Mileage Claim (From Chart)		ge Claim (or In-Region,		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	4	ACCT	CAT 2 Cost Ctr Project C	CAT4
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Sub-Total

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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	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			From	То	CAT7_		1220	1220) 1225	1226	1221	1222	1222	!	ACCT	Cost Ctr CAT3 CAT4
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Sub-Total

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Select From List Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted

02-11-20

October Year

Month

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		GL Coding	
Date (DD/MM/YY) Detailed Description			ACCT Cost C	CAT 2 tr Project CAT7	Expense Type
10-01-19 Mobility		37.21	6404 1010	516106 N/A	Mobile Device Charg
17-01-19 Shaw Cable		70.00	6404 1010	516106 N/A	Office/Operating Sup

Sub-Total \$ 107.21

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

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Select From List

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enter in
"Grey" cells

Name: Councillor Hughes Date Submitted 02-11-20 Month October Year	2020
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Expenses Paid Dir	ectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	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 \$ 107.21
Less: BMO MasterCard \$ Less: Expenses Paid \$ -

107.21

Sub-Total

Net to be paid to Councillor Hughes

Training and Dev	relopment Activities	
· ·		
Date (DD/MM/YY)	Description of Activity Content and any learning/inf	ormation worth sharing
Board, Committee	e, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)
Date of Meeting	Meeting	Updates
2020-10-14	Internal Audit Steering Committee	
2320-10-14	Thiomai Addit Glooning Committee	
2020-10-20	Library Board Meeting with Council	
0000 40 00	3/504544 (
2020-10-26	Council/ESAB Meeting	



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 02-11-20 Month October Year 2020

2020-10-27	Communitee Services Advisory Committee	
2020-10-28	Intermunicipal Affairs Committee Meeting	
2020-10-29	Nominating Committee Meeting	



Select From List Do not enter in "Grey" cells

Year

Name: Councillor Hughes

Date Submitted 02-11-20

Month October

2020

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 t	ime of submission.			
Preparer's Signature	Date (DD/MM/YY)			
Council Member			1	
I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by another individual. All applicable receipts have been attached.	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 serious matter.	he 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 provide	ded 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 provide	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			

From: To: Cc: Subject: FW: FOR APPROVAL: Councillor Hughes (Oct 2020 Expenses) Date: November 19, 2020 3:55:44 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 1:45 PM **Subject:** RE: FOR APPROVAL: Councillor Hughes (Oct 2020 Expenses) Approved Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: Sent: Tuesday, November 3, 2020 11:00 AM **Subject:** FOR APPROVAL: Councillor Hughes (Oct 2020 Expenses) For your approval, please. Thanks, Senior Executive Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Tuesday, November 3, 2020 10:58 AM **To:**

Cc:

Subject: FW: Councillor Hughes (Oct 2020 Expenses)

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

Thanks

Director, Finance & Assessment / Chief Financial Officer

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

From:

Sent: November 3, 2020 10:29 AM

To:

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

Accounts Payable Coordinator | Financial Services

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

www.facebook.com/cityofstalbert | www.twitter.com/cityofstalbert



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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:
To:
Subject: FW: Hughe

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

Attachments:

Please see the below and attached.

Thank you,

Administrative Assistant
Office of the Mayor and Councillors

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: October 29, 2020 4:03 PM

To:

Subject: Re: Hughes October Expense Claim

Approved.

Councillor, City of St. Albert

From:

Sent: Thursday, October 29, 2020 3:57:52 PM

To:

Subject: Hughes October Expense Claim

Good afternoon,

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

Thank you,

Administrative Assistant
Office of the Mayor and Councillors

Bringing Our Best to Cultivate An Amazing Community



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 02/12/20 Month November Year 2020

General Council Related Business	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileac	ge Claim (or In-Region, 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	g
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220) 1220) 122	5 1226	1221	1222	2 1222	2	ACCT	CAT Cost Ctr Proje	
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Professional Dev	elopment	In-Region Mileage C	aim based on Chart	One Way	Mileage y Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	122	1 1222	2 1226	3 1227	7 1225	122	4	ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total \$ -



Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted

Month

02/12/20

November Year

2020

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		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		ACCT	CAT 2 Cost Ctr Project C	AT4
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Sub-Total \$

Office of the Ma	or (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way C	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CAT4	
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Sub-Total

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Select From List Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted 02/12/20

Month November

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		GL Coding		
Date (DD/MM/YY) Detailed Description			ACCT Cost C	CAT 2 tr Project CAT7	Expense Type	
10/01/19 Mobility		37.21	6404 1010	516106 N/A	Mobile De	evice Charge
17/01/19 Shaw Cable		70.00	6404 1010	516106 N/A	Office/Op	perating Sup

Sub-Total \$ 107.21

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

3 of 6



Select From List
Do not enter in "Grey" cells

Name:	Councillor Hughes	Date Submitted	 02/12/20	ı	November	Year	2020	ı

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)								
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<u>Claim Reminders:</u>

** 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	\$ 107.21
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hughes	\$ 107.21

Training and Deve	elopment Activities	
Date (DD/MM/YY)	Description of Activity Content and any learning/inf	Formation worth sharing
11/12/2020	AUMA Waste-to-Energy	
Board, Committee	e, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)
Date	Name	Updates
11/4/2020	Council Workshop - MDP Presentation	
11/13/2020	Internal Audit Steering Committee	
11/19/2020	Council Meeting with Chamber of Commerce Board	
11/19/2020	Council Meeting with Civic Committees	

St	City of Cultivate Life	Council Member Monthly Expense Claim Form Select From List Do not enter in "Grey" cells	
Name:	Councillor Hughes	Date Submitted 02/12/20 Month November Year 202	20



Date Submitted

02/12/20

Month

Select
From List

Do not
enter in
"Grey" cells

November

Year

2020

Name: Councillor Hughes

Authorizations & Approvals	nes	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 ti	ne 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 was completed by another individual. All applicable receipts have been attached.	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 formula is a very serious matter.	orm		
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 provid	ed 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 provid	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
#N/A				

From: To: Cc: Subject: Date: Attachments:	FW: FOR APPROVAL: Councillor Hughes (Nov 2020 Expenses) December 16, 2020 1:36:52 PM
Approved be	low.
Thanks,	
	Chief Administrative Officer
Bringing Our	Best to Cultivate An Amazing Community
To:	ay, December 16, 2020 12:44 PM R APPROVAL: Councillor Hughes (Nov 2020 Expenses)
Approved	
Chief Administra	ative Officer
Bringing Our	Best to Cultivate An Amazing Community
To:	ay, December 2, 2020 11:26 AM
Subject: FOR A	PPROVAL: Councillor Hughes (Nov 2020 Expenses)
For your app	roval, please.
Thanks,	
Senior Execut Office of the C	tive Assistant Chief Administrative Officer
Bringing Our	Best to Cultivate An Amazing Community
From:	

Sent: Wednesday, December 2, 2020 11:22 AM

To: Cc:

Subject: Fw: Councillor Hughes (Nov 2020 Expenses)

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

From:

Sent: December 1, 2020 1:21 PM

To:

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)

Accounts Payable Coordinator | Financial Services

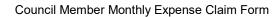
City of St. Albert \mid 5 St. Anne Street \mid St. Albert, AB \mid T8N 3Z9

www.facebook.com/cityofstalbert www.twitter.com/cityofstalbert



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Select From List Do not enter in "Grey" cells

Councillor Hughes Name:

Date Submitted

29-12-20

Month December Year 2020

eneral Council R	Related Business		Claim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Milead	ge Claim (or In-Region, mileage)	One Way	Mileage Claim km's-	Mileage Amount @	Other Transportation				Registration /Event Ticket	General		
		In-Region Mileage	Claim based on Chart	/Return	Chart)	specific	mileage)	/Return	Specific	0.505/km	& Parking *	Accommodations *	Airfare*	Meals *	*	Expenses *	Total	GL Coding CAT 2
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT Cost Ctr Project CAT
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Professional Dev	relopment	In-Region Mileage Cl		Way	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare* Meals	Conference or Course Registration /Event Ticke		* Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From		CAT7_		1221				1227 122	25 122	4	ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total

1 of 6



Select From List

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"Grey" cells

Name:

Councillor Hughes

Date Submitted

Month

29-12-20

December Year

2020

AUMA or FCM Cor	evention or Board Expenses	In-Region Mileage Cl		Way	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coo	ding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		122	1 1221	1222	1226	1227	1225	1224	ı	ACCT	Cost Ctr Pr	CAT 2 roject CAT4	
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Sub-Total

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Office of the May	or (Official Events & Duties)	In-Region Mileage C	Claim based on Chart	Way		ge Claim (or In-Region,	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		 From	То	CAT7_		1220	1220) 1225	1226	1221	1222	1222	2	ACCT	Cost Ctr CAT3	CAT4
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Sub-Total

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Select
From List

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enter in
"Grey" cells

Name:

Councillor Hughes

Date Submitted

Month

29-12-20

December Year

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		GL Coding			
Date (DD/MM/YY) Detailed Description			ACCT Cost (CAT 2 Ctr Project C		Expense Type	
10-01-19 Mobility		47.71	6404 1010	516106	N/A	Mobile Dev	ice Charge
17-01-19 Shaw Cable		70.00	6404 1010	516106	N/A	Office/Ope	rating 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
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Sub-Total

\$ 120.02

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	Cultivate Life

Select From List Do not enter in "Grey" cells

Name:	Councillor Hughes	Date Submitted	29-12-20	Month	December	Year	2020	

	xpenses Paid Dir	ectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
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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 237.73 Less: BMO MasterCard 120.02 -\$ Less: Expenses Paid

117.71

Sub-Total

Net to be paid to Councillor Hughes

Activities n of Activity Content and any learning/inforn	mation worth sharing
n of Activity Content and any learning/infor	mation worth sharing
meetings attended (Includes both Counc	il appointed and other approved committees)
U	Jpdates

SENLIBERT Cultivare Life		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					



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 29-12-20

Month December Year

2020

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 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 was completed by another individual. All applicable receipts have been attached. Sheena Hughes Sheena Hughes (Dec 16, 2020 09:52 MST)	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 o	f 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. 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 provi	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Chief Financial Officer Signature	Date (DD/MM/YY)			
			1	
Chief Administrative Officer (City Manager)				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
			•	