	City of Colores Lik		Council Member Monthly Expense Claim Form  Select From Lat Do tool of the in "Cerey" cells  Date Submitted 02-11-20 Month October Year 2020																	
Name:	Councillor Joly										Date Submitted	02-11-2	D	Month	October Ye	ear	2020			
General Council	Related Business	In-Region Mileage C	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	ge Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket Ge * Ex	eneral xpenses * To	otal		GL Coding CAT 2	
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Professional Dev	elopment	In-Region Mileage C	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*	Meals *	Conference or Course Registration /Event Ticket Ge * Ex	eneral xpenses * To	otal		GL Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	122	2 1226	1227	1225	1224		ACCT	Cost Ctr Project	CAT4
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SĘ	HBert Colored Life	Council Member Monthly Expense Claim Form  Select From Let Do not enter in "Greey" cells																	
Name:	Councillor Joly										Date Submitted	02-11-20		Month	October	Year 202	0		
AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)		e Claim (or In-Region_ 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	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	ACCT	CAT 2 Cost Ctr Project CAT4	1
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Office of the May	or (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)		e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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	1
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C	City of	Council Member Monthly Expe	nse Claim F	orm					т.						
St	Cultivate Life							Select From List							
								Do not enter in "Grey" cells							
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Name:	Councillor Joly		Date Submitted	02-11-20		Month	October	Year	2020	0					
Operating Suppl	ies/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	L Coding			
Date (DD/MM/YY)	) Detailed Description									ACCT		CAT 2 Project C	AT7	Expense Type	
06/01/2019	Mobile Device								55.00	-	6404 1010	516108	N/A	Mobile Devi	ce Charge
01/01/2019	Home Office Internet								70.00	-	6404 1010	516108	N/A	Office/Oper	ating Supp
										-					
										-					
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							Sub-Total		\$ 125.00	_					
BMO MasterCard	1 Expenses		Other				Registration	_							
			Transportation & Parking *	Accommodations *	Airfare*	Meals *	/Event Ticket	General Expenses *	Total	_					
Date (DD/MM/YY)	)		1	[	1					-					
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							Sub-Total		\$ .	-					

Council Member Monthly Expense Claim Form											
								Do not enter in "Grey" cells			
Name:	Councillor Joly	]	Date Submitted	02-11-20	]	Month	October	Year	202	D	
Expenses Paid Di	rectly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket		Total		
Date (DD/MM/YY)											
Date (DD/MW/11)										-	
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	licy C-CC-03 Council Remuneration and Expense s must be provided for all expenses. Credit Card sli	e Reimbursement for detailed provisions of allowable expenses** os are NOT an acceptable form of receipt.					Sub-Total		\$-	-	
2. Meter parking m	ay be claimed without a receipt up to \$15. Clearly i	indicate (Meter) in the nature of event/meeting section.			Grand T					\$ 125.00	
	age chart is available for use. All kilometers are bas ses, the event/description section should clearly ind	sed on St. Albert Place (SAP) as the base location icate 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.			Less: B Less: E	MO Mas xpenses				s - s -	
5. It is recommend	ed 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 Addre	ess)							\$ 125.00	
	must be submitted within 10 days of the following n ense claims will not be processed	nonth			Net to D	e paid to	Councillor	Joiy		\$ 125.00	
	elopment Activities									-	
Activity Name	Description of Activity Content and any learning/int	formation worth sharing								-	
										-	
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										-	
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Board, Committee	a, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)								-	
Date of Meeting		Updates								]	
	Homeland Housing Strat Planning										
2020-10-16	Homeland Housing Strat Planning									-	
2020-10-22	Homeland Housing										

SŦ	Calender Life	Council Member Monthly Expense Claim Form  Select From List Do not entrin "Grey" cells	
Name:	Councillor Joly	Date Submitted 02-11-20 Month October Year 2020	
2020-10-27	Environmental Advisory Committee		
2020-10-27	Council/ESAB Meeting		
2020-10-28	Intermunicipal Affairs Committee		
2020-10-29	Emergency Management Advisory Committee		
2020-10-29	Nominating Committee		

SHUB-City of Culture Life	Select From List	
		Do not enter in "Grey" cells
Name: Councillor Joly	Date Submitted 02-11-20 Month October	Year 2020
Authorizations & Approvals	Councillor Joly	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/MMYY)	
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.	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/MMYY)	
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.		
Accounts Payable Personnel Signature	Date (DD/MMYY)	
Chief Financial Officer		
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation prov	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
Chief Financial Officer Signature	Date (DD/MMYY)	
Chief Administrative Officer (City Manager)		
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation prov	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
City Manager Signature	Date (DD/MMYY)	

P:\Mayor's Office\Expenses - F00\2020\10- October\Joly\[Joly - Council Expense Claim.xlsm]Claim F

 From:
 Image: Cc:

 Subject:
 FW: FOR APPROVAL: Joly October Expense Claim

 Date:
 Thursday, November 19, 2020 11:24:13 AM

 Attachments:
 Image: Calification of the second of the se

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 8:28 AM To:

Subject: RE: FOR APPROVAL: Joly October Expense Claim

Approved.

Chief Administrative Officer

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

From: Sent: Monday, November 9, 2020 1:16 PM To: Subject: FOR APPROVAL: Joly 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: Monday, November 9, 2020 11:59 AM
То:
Cc:
Subject: FW: Joly October Expense Claim

Hi Alayna

Approved. For Kevin's approval then back to Danielle

Director, Finance & Assessment / Chief Financial Officer
City of St. Albert   5 St. Anne Street   St. Albert, AB   T8N 3Z9

From:

Sent: November 9, 2020 11:55 AM

To:

Subject: FW: Joly October Expense Claim

Hi Diane,

I have reviewed Councillor Joly's October 2020 expense form for mathematical accuracy and backup. Please review and approve if all looks good. Thanks,





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From:

Sent: Monday, November 9, 2020 9:44 AM

To:

Subject: FW: Joly October Expense Claim

Good morning,

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: November 9, 2020 8:58 AM To: \_\_\_\_\_

Subject: Re: Joly October Expense Claim

Sounds good, thanks. What did I miss in the original one?

City of St Albert Councillor

From:

Sent: Monday, November 9, 2020 8:55 AM

To:

Subject: Joly October Expense Claim

Good morning,

I had to make an amendment to the total you will receive for your mobile and will need your review and approval once more. 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

SĘ	City of Cultivate Life						Council M	cil Member Monthly Expense Claim Form								Select From List Do not enter in "Grey" cells				
Name:	Councillor Joly	]									Date Submitted	02-1:	2-20	Month	November	Year	202	0		
General Council F	telated Business	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage	<u>e Claim (or In-Region,</u> mileage <u>)</u>	One Way /Return	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodation	s * Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	122	0 1	225 1220	6 122	1 1222	2 1222	2	ACCT	CAT 2 Cost Ctr Project CAT4	
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Professional Deve	Nopment	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage	<u>e Claim (or In-Region,</u> mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodation	s * Airfare*	Meals *	Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		1	From	То	CAT7_		1221	122	1 1	222 122	6 122	7 1225	5 1224	ļ	ACCT	CAT 2 Cost Ctr Project CAT4	
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Structure Life	Council Member Monthly Expense Claim Form           Select           From List           Do not           enter in           "Grey" cells																		
Name: Councillor Joly										Date Submitted	02-12	-20	Month	November	Year	202	0		
AUMA or FCM Convention or Board Expenses	In-Region Mileage C	Claim based on Chart	One Way /Return	Mileage Claim (From Chart)		e Claim (or In-Region, 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 CAT 2	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1	222 1226	122	1225	1224		ACCT	Cost Ctr Project CAT4	
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Office of the Mayor (Official Events & Duties)	In-Region Mileage C	Claim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, 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	То			From	То	CAT7_		1220	1220	1	225 1226	122	1222	1222		ACCT	Cost Ctr CAT3 CAT4	
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St	City of Cultivate Life	Council Member Monthly Exp	ense Claim F	Form			Select From List				
Name:	Councillor Joly		Date Submitted	02-12-20	Month		Do not enter in 'Grey' cells Year 202	0			
Operating Supp	lies/Telephone/Internet/Sponsorships	obile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)					Total		GL Coding CAT 2		Expense
Date (DD/MM/YY	Detailed Description     Mobile Device						55.00	ACCT 6404	Cost Ctr Project	CAT7	Type Mobile Device Charge
01/01/2019	Home Office Internet						70.00		1010 516108		Office/Operating Supr
								-			
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						Sub-Total	\$ 125.00				
BMO MasterCar	d Expenses		Other Transportation & Parking *	Accommodations *	Airfare* Meals	Registration /Event Ticket	General Expenses * Total				
Date (DD/MM/YY	)										
12-11-2	20 RCA Webinar Chemical Recycling					75.00	75.00	-			
24-11-2	20 Conversation with Minister O'Regan Webinar					21.00	21.00	-			
							-				
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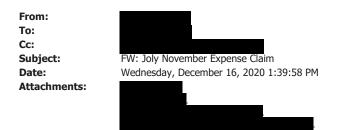
Sub-Total \$ 96.00

St	Cultivate Life	Council Member Monthly Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells		
Name:	Councillor Joly	]	Date Submitted	02-12-20		Month	November	Year	2020	
Expenses Paid D	irectly 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:       Sub-Total       Sub-Tota										
Training and Dev	elopment Activities									
Date	Description of Activity Content and any learning/in	formation worth sharing								
2020-11-16	5 EMRB Regional Agriculture Master Plan									
2020-11-17	Recycling Council of Alberta: Chemical Recycling									
Board, Committe	e, Agency meetings attended (Includes both Cou	Incil appointed and other approved committees)								
Date	Name	Updates								
2020-11-10	) Agenda Planning									
2020-11-13	3 Council meeting with Policing Committee									
2020-11-19	Council Meeting with Chamber of Commerce Board									

Sŧ	Cultivate Life	Council Member Monthly Expense Claim Form          Select         From List         Do not         enter in         "Grey" cells	
Name:	Councillor Joly	Date Submitted 02-12-20 Month November Year 2020	D
2020-11-19	Council Meeting with Civic Committees		_
2020-11-24	Emergency Management Advisory Committee		_
2020-11-26	Homeland Housing		
2020-11-16	Environmental Advisory Committee		-
			1

	City of	Council Member Monthly Expense Claim Form									
St	Cultivate Life	Select From List									
		Do not enter in "Grey" cells									
Name:	Councillor Joly	Date Submitted 02-12-20 Month November Year	2020								

Authorizations & Approvals	Councillor Joly	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 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 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)		
Chief Financial Officer I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi	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 provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement		
City Manager Signature	Date (DD/MM/YY)		



Approved below.

Thanks,

Senior Executive Assistant Office of the Chief Administrative Officer

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

From: Sent: Wednesday, December 16, 2020 12:49 PM

То:

Subject: RE: Joly November Expense Claim

Approved

Chief Administrative Officer

## Bringing Our Best to Cultivate An Amazing Community

From: Sent: Wednesday, December 9, 2020 10:45 AM To: Subject: FW: Joly November 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: Wednesday, December 9, 2020 10:45 AM
То:
Cc:
Subject: Fw: Joly November Expense Claim

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

From:

**Sent:** December 9, 2020 10:30 AM

To:

Subject: FW: Joly November Expense Claim

Good morning Diane,

Please see Councillor Joly's November expense claim for \$125, attached. I have reviewed it for mathematical accuracy and back up. Thanks,

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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From: Sent: Tuesday, December 8, 2020 3:08 PM

To:

Subject: FW: Joly November Expense Claim

We have made the amendments you have identified and they are attached here for

you. Thank you for this!

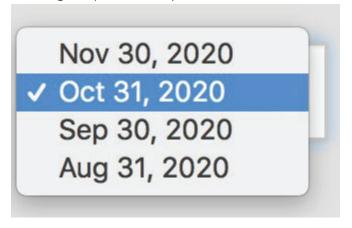
Thank you,

Administrative Assistant Office of the Mayor and Councillors

# Bringing Our Best to Cultivate An Amazing Community

From: Sent: December 8, 2020 2:56 PM To: Subject: Re: Joly November Expense Claim

The one attached? As far as I can tell, Bell messed up dates... These are the bill dates that are showing as options on my account:



Thanks,

From: Sent: Tuesday, December 8, 2020 2:51 PM To: Subject: FW: Joly November Expense Claim

Good afternoon,

Please see the below comments for the Bell invoice. Could I bother you to send me the phone invoice for November 1<sup>st</sup> if available? If not we could submit the Dec invoice and wait for the Nov. Let me know what you would prefer.

Please note that you will receive \$55 for the phone rebate and not the lower amount. My excel is not working properly at home and I apologize for the error.

Thank you,

Administrative Assistant Office of the Mayor and Councillors

## Bringing Our Best to Cultivate An Amazing Community

From: Sent: December 8, 2020 1:43 PM To: Subject: FW: Joly November Expense Claim

Hi Brittany,

I hope you are doing well. A couple things regarding Councillor Joly's expense claim. First, the max amount to be claimed for mobile charges is \$55. She should claim this entire amount as her cell bill in over \$55. Please make this adjustment when you get a chance.

Also, the Bell bill is dated Dec 1. Technically, I can accept this as her back up for her mobile charges because this invoice has not been claimed on past expense claims, but it will not be able to be used for her Dec. expense claim form. It may be clearer to submit the Nov 1 bill for this expense claim and submit the Dec 1 bill for her Dec expense claim.

Thanks. Have a good afternoon.



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



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From: Sent: Monday, December 7, 2020 4:30 PM

To:

Subject: FW: Joly November Expense Claim

Please see the below approvals and the attached.

Thank you,

Administrative Assistant Office of the Mayor and Councillors **Bringing Our Best to Cultivate An Amazing Community** 

From: Sent: Monday, December 7, 2020 4:29 PM

To: Subject: Re: Joly November Expense Claim

Thanks!

I'm also doing the video after I eat.

City of St Albert Councillor

From:

Sent: Monday, December 7, 2020 4:20 PM

To:

Subject: Joly November Expense Claim

Excellent. I have made the amendments and have attached them here for approval. Please accept this as my authorization.

Thank you,

Administrative Assistant Office of the Mayor and Councillors

Bringing Our Best to Cultivate An Amazing Community

St	Hubert Converse Life					Council Member Monthly Expense Claim Form									Select From List Do not enter in "Grey" cells						
Name:	Councillor Joly										Date Submitted	29-12-20	]	Month	December	Year	2020	0			
General Council	Related Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	ge Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	t General Expenses *	Total		GL (	Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	то			From	то	CAT7_		1220	1220	1225	1226	3 122	122	2 1222		ACCT	Cost Ctr	CAT 2 Project CAT4	
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																		4			
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															Sub-Total		\$ -				
Professional Dev	elopment	In-Region Mileage Cl	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	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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	1221	1222	1226	5 122	122	5 1224		ACCT	Cost Ctr	CAT 2 Project CAT4	
01-12-20	Indigenous Canada 12-Lesson Online Course														64.00		64.00	6100	1010	516108 A5 C	areer Development
01-12-20	and general Gallada 12-Lesson Chille Course														04.00		04.00	1	1010	010100 AD C	aroon Development
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L	1						1		1			1	1	1	1	1	-				

Sub-Total \$ 64.00

SĘ	Hibert Calorac Life						Council M	ember	Monthl	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor Joly	]									Date Submitted	29-12-20		Month	December	Year	2020			
AUMA or FCM Co	onvention or Board Expenses	In-Region Mileage C	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag specific	ge Claim (or In-Region mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Project	CAT4
																		]		
																		1		
																		1		
																		-		
	1					1	1					1			Sub-Total	1	\$ -	-		
Office of the May	ror (Official Events & Duties)	In-Region Mileage C	aim based on Chart	One Way /Return	Mileage Claim (From Chart)		ge Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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
																		1		
																		1		
																		1		
																		-		
																1				

Council Member Monthly Expense Claim Form						Select From List	]								
	Cuitivate Life							Do not enter in "Grey" cells							
Name:	Councillor Joly	]	Date Submitted	29-12-20	]	Month	December	Year	2020						
Operating Suppl	ies/Telephone/Internet/Sponsorships	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsonship (Max \$1.000/Year see policy C-C-21 Council Sponsonship)							Total		G	L Coding		_	
Date (DD/MM/YY)	Detailed Description									ACCT	Cost Ct	CAT 2 r Project C	CAT7	Expense Type	
06/01/2019	Mobile Device								55.00		6404 1010	516108	N/A	Mobile De	evice Charge
01/01/2019	Home Office Internet								70.00		6404 1010	516108	N/A	Office/Op	erating Supr
							Sub-Total		\$ 125.00						
BMO MasterCard	I Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total						
Date (DD/MM/YY)															
L										I					
							Sub-Total		\$ -						

Council Member Monthly Expense Claim Form											
								Do not enter in "Grey" cells			
Name:	Councillor Joly	]	Date Submitted	29-12-20		Month	December	Year	202	D	
Expenses Paid D	rectly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		
Date (DD/MMYY)											
										1	
										1	
										1	
										1	
										1	
										-	
										-	
Claim Reminders: ** See Council Po	Calm Reminders: ** See Council Policy C-C-C-3 Council Remuneration and Expense Relimbursement for detailed provisions of allowable expenses**										
1. Detailed receipt	s must be provided for all expenses. Credit Card si	ips are NOT an acceptable form of receipt.			Crond 7	Fotal Exp				\$ 189.00	
	ay be claimed without a receipt up to \$15. Clearly age chart is available for use. All kilometers are ba	indicate (Meter) in the nature of event/meeting section. sed on St. Albert Place (SAP) as the base location			Less: E	BMO Mas	sterCard			\$ 189.00	
		licate 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. 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 Addre	(224		Less: E	Expenses	Paid			s -	
	must be submitted within 10 days of the following r				Net to b	e paid to	: Councillor	Joly		\$ 189.00	
7. Incomplete expe	ense claims will not be processed										
Training and Dev	elopment Activities									1	
Activity Name	Description of Activity Content and any learning/in	formation worth sharing								-	
2020-12-04	Edmonton Chamber of Commerce: Virtual Round-	table with Minister O'Regan								-	
2020-12-10	Arts Development Advisory Committee proposed v	workplan meeting								-	
										4	
										4	
Board, Committee	e, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)								1	
Date	Name	Updates								-	
2020-12-01	Agenda Planning									-	
2020-12-15	Agenda Planning										
										1	
2020-12-17	Homeland Housing									1	
1	1									1	

StAllhert	Council Member Monthly Expense Claim Form	Select
Califyrate Life		From List Do not
		enter in "Grey" cells
Name: Councillor Joly	Date Submitted 29-12-20 Month December	Year 2020
Authorizations & Approvals	Councilior Joly	December 2020
Preparer If daim 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 Membe	r at the time of submission.	
Brittany Switzer	Dec 15, 2020	
Preparer's Signature	Date (DD/MMYYY)	
Council Member I certify that the expenditures claimed on this form were incurred while conduction business on behalf of	he 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	1
was completed by another individual. All applicable receipts have been attached.		
Natalie Joly Natalie Joly(Dec 23, 2020 11:11 MST)	Dec 23, 2020	
Council Member's Signature	Date (DD/MMYY)	
Accounts Payable		1
I have reviewed this claim for mathematical accuracy and documentation support. Danielle Parsons	Dec 23, 2020	
Danielle Parsons (Dec 23, 2020 11:54 MST)		
Accounts Payable Personnel Signature	Date (DDIMMYY)	
Chief Financial Officer		1
	on provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
Thave reviewed this claim and am satisfied that the expenses listed and the information and documentation Diane McMordie	Dec 23, 2020	
Nizne McMordie (Dec 37, 3030 13/07 MST)		
Chief Financial Officer Signature	Date (DD/MMYY)	
Chief Administrative Officer (City Manager)		1
	on provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
fer Solle	Jan 11, 2021	
City Manager Signature	Date (DD/MMYY)	
		3

Mayor's Office\Expenses - F00\2020\12 - December\Joly\[Joly - Council Expense Claim.xlsm]Claim Form