





# Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 11/04/2020 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	CAT 2 Project CAT4
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

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Name: Councillor MacKay

Date Submitted 11/04/2020 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
26/10/2020	Home Office Internet	70.00	6404	1010	516109	N/A Mobile Device Charge
						Office/Operating Supp

Sub-Total \$ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
10/13/2020	MacKay ticket to Business @ Lunch					20.00		20.00
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 20.00



# Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 11/04/2020 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)								
								-
								-
								-
								-
								-
								-
								-
								-

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	\$ 90.00
Less: BMO MasterCard	-\$ 20.00
Directly	\$ -
Net to be paid to: Councillor MacKay	\$ 70.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
10/20/2020	Annexation Public Participation Information Session	
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)		
Date of Meeting	Name of Meeting	Updates
10/13/2020	Community Growth and Infrastructure	
10/14/2020	Agenda Planning	
10/19/2020	Regular Council Meeting	
10/26/2020	Council/ESAB Meeting	
10/27/2020	Special City Council Meeting	



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted11/04/2020

MonthOctober

Year2020

10/28/2020	COVID-19 Recovery Task Force Meeting	
10/28/2020	Intermunicipal Affairs Committee Meeting	
10/29/2020	Emergency Management Advisory Committee	
10/29/2020	Nominating Committee	



## Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month  Year

Authorizations & Approvals		Councillor MacKay	October	2020
<b>Preparer</b> 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.				
<input type="text"/>		<input type="text"/>		
Preparer's Signature		Date (DD/MM/YY)		
<b>Council Member</b> 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.				
<input type="text"/>		<input type="text"/>		
Council Member's Signature		Date (DD/MM/YY)		
<b>Accounts Payable</b> I have reviewed this claim for mathematical accuracy and documentation support.				
<input type="text"/>		<input type="text"/>		
Accounts Payable Personnel Signature		Date (DD/MM/YY)		
<b>Chief Financial Officer</b> 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.				
<input type="text"/>		<input type="text"/>		
Chief Financial Officer Signature		Date (DD/MM/YY)		
<b>Chief Administrative Officer (City Manager)</b> 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.				
<input type="text"/>		<input type="text"/>		
City Manager Signature		Date (DD/MM/YY)		

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Cllr MacKay - October Expense Claim  
**Date:** Thursday, November 19, 2020 11:25:00 AM  
**Attachments:** [REDACTED]

---

Approved by Kevin below.

Thanks,

[REDACTED]  
*Senior Executive Assistant*  
*Office of the Chief Administrative Officer*  
[REDACTED] | [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Thursday, November 19, 2020 8:27 AM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Cllr MacKay - October Expense Claim

Approved.

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

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---

**From:** [REDACTED]  
**Sent:** Monday, November 9, 2020 10:33 AM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Cllr MacKay - October Expense Claim

For your approval, please.

Thanks,

[REDACTED]  
*Senior Executive Assistant*  
*Office of the Chief Administrative Officer*  
[REDACTED] | [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Friday, November 6, 2020 11:14 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Cllr MacKay - October Expense Claim

Approved. For Kevin's approval then back to Danielle

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

---

**From:** [REDACTED]  
**Sent:** November 6, 2020 9:44 AM  
**To:** [REDACTED]  
**Subject:** FW: Cllr MacKay - October Expense Claim

Good morning Diane,  
I have reviewed Councillor Mackay's October expense claim for proper back up and mathematical accuracy. Please review and, if all looks good to you, approve.  
Thanks,

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*  
[REDACTED]

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

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---

**From:** [REDACTED]  
**Sent:** Thursday, November 5, 2020 2:16 PM



To: [REDACTED]  
Subject: FW: Cllr MacKay - October Expense Claim

Hi Danielle,

The adjustment has been made.

Thanks,

[REDACTED]

[REDACTED]  
Executive Assistant | Office of the Mayor and Council  
[REDACTED] [REDACTED]

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From: [REDACTED]  
Sent: November 5, 2020 1:14 PM  
To: [REDACTED]  
Subject: FW: Cllr MacKay - October Expense Claim

Hi Rayann,  
Please adjust the year for this claim.  
Thanks,

[REDACTED]  
Accounts Payable Coordinator | Financial Services  
[REDACTED] [REDACTED]

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

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**From:** [REDACTED]  
**Sent:** Wednesday, November 4, 2020 1:14 PM  
**To:** [REDACTED]  
**Subject:** FW: Cllr MacKay - October Expense Claim

Good afternoon,

Please find attached Cllr MacKay's approved October expense claim form.

Kind Regards,

[REDACTED]

[REDACTED]  
**Executive Assistant | Office of the Mayor and Council**  
[REDACTED] [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** November 4, 2020 12:26 PM  
**To:** [REDACTED]  
**Subject:** RE: Cllr MacKay - October Expense Claim

All good, thanks

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

[REDACTED]



---

**From:** [REDACTED]  
**Sent:** November 4, 2020 10:50 AM  
**To:** [REDACTED]  
**Subject:** Cllr MacKay - October Expense Claim

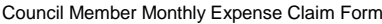
Good morning Cllr MacKay,

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

Thanks!

[REDACTED]  
Executive Assistant | Office of the Mayor and Council  
[REDACTED] [REDACTED]

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	Select From List
	Do not enter in "Grey" cells

Name:	Councillor MacKay
-------	-------------------

Date Submitted 12/04/2020

Month	November	Year	2020
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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
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Professional Development		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region... specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket +	General Expenses *	Total	GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7				1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total																	\$	-	

# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 12/04/2020

Month November Year 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project	CAT4
										-							-				
										-							-				
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										-							-				
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										-							-				

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4
										-							-				
										-							-				
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										-							-				
										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted12/04/2020

MonthNovember

Year2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
26/10/2020	Home Office Internet	70.00	6404	1010	516109	N/A Mobile Device Charges
						Office/Operating Suppl

Sub-Total\$70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
11/05/2020	RECYCLING COUNCIL OF A BLUFFTON - Cllr MacKay registration RCA Webinar					75.00		75.00
11/06/2020	EDMONTON CHAMBER EDMONTON - MacKay registration Premier Kenney webinar					21.00		21.00
								-
								-
								-
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								-

Sub-Total\$96.00

# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: 

Date Submitted: 

Month:  Year: 

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

Sub-Total: \$ -

- Claim Reminders:
- \*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  - For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
  - It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Grand Total Expenses	\$ 166.00
Less: BMO MasterCard	-\$ 96.00
Less: Expenses Paid	\$ -
Net to be paid to Councillor MacKay	\$ 70.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
11/05/2020	Budget Public Participation - World Cafe Discussions	
11/09/2020	Budget Public Participation - World Cafe Discussions	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Name of Meeting	Updates
11/02/2020	Regular Council Meeting	
11/03/2020	Agenda Planning	
11/03/2020	Special Council Meeting/Committee of the Whole - Budget	
11/04/2020	Council Workshop - MDP	
11/04/2020	Committee of the Whole - Budget	
11/09/2020	Community Living Standing Committee Meeting	
11/09/2020	Special Council Meeting	
11/10/2020	COVID-19 Recovery Task Force Meeting	
11/12/2020	Farewell Homelessness Task Force Meeting	
11/13/2020	Annual Council Meeting with Policing Committee	
11/14/2020	Civic Agencies 2021 Intake	
11/16/2020	Regular Council Meeting	
11/19/2020	Meeting with Chamber Board of Directors	
11/19/2020	Budget discussion with representatives from the Committees of Council	
11/23/2020	Recovery Task Force Meeting	
11/24/2020	Committee of the Whole - Budget	
11/24/2020	Emergency Management Advisory Committee	



Council Member Monthly Expense Claim Form

	Select From List
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Name: Councillor MacKay

Date Submitted 12/04/2020

Month November Year 2020

11/30/2020	Committee of the Whole	
11/30/2020	City Council	





Council Member Monthly Expense Claim Form

Select From List
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Name: Councillor MacKay

Date Submitted 12/04/2020 Month November Year 2020

Authorizations & Approvals	Councillor MacKay	November	2020
<b>Preparer</b> 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.			
<div>Preparer's Signature</div> <div>Date (DD/MM/YY)</div>			
<b>Council Member</b> 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.			
<div>Council Member's Signature</div> <div>Date (DD/MM/YY)</div>			
<b>Accounts Payable</b> I have reviewed this claim for mathematical accuracy and documentation support.			
<div>Rayann Laforce</div> <div>04-12-20</div>			
<div>Accounts Payable Personnel Signature</div> <div>Date (DD/MM/YY)</div>			
<b>Chief Financial Officer</b> 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			
<div>Chief Financial Officer Signature</div> <div>Date (DD/MM/YY)</div>			
<b>Chief Administrative Officer (City Manager)</b> 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			
<div>City Manager Signature</div> <div>Date (DD/MM/YY)</div>			

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: FOR APPROVAL: Expense Claim - Cllr MacKay - November  
**Date:** Wednesday, December 16, 2020 1:38:35 PM  
**Attachments:** [REDACTED]

---

Approved below.

Thanks,

[REDACTED]  
*Senior Executive Assistant  
Office of the Chief Administrative Officer*  
[REDACTED] | [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Wednesday, December 16, 2020 12:48 PM  
**To:** [REDACTED]  
**Subject:** RE: FOR APPROVAL: Expense Claim - Cllr MacKay - November

Approved

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

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**From:** [REDACTED]  
**Sent:** Monday, December 7, 2020 1:45 PM  
**To:** [REDACTED]  
**Subject:** FOR APPROVAL: Expense Claim - Cllr MacKay - November

For your approval, please.

Thanks,

[REDACTED]  
*Senior Executive Assistant  
Office of the Chief Administrative Officer*  
[REDACTED] | [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** Monday, December 7, 2020 1:43 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Fw: Expense Claim - Cllr MacKay - November

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

---

**From:** [REDACTED]  
**Sent:** December 7, 2020 1:36 PM  
**To:** [REDACTED]  
**Subject:** FW: Expense Claim - Cllr MacKay - November

Hi Diane,  
Please review Councillor Mackay's attached November 2020 expense form.  
I have checked for mathematical accuracy and back up.  
Thanks,

[REDACTED]  
*Accounts Payable Coordinator | Financial Services*

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

[REDACTED] | [REDACTED]  
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**From:** [REDACTED]  
**Sent:** Monday, December 7, 2020 1:08 PM  
**To:** [REDACTED]  
**Subject:** RE: Expense Claim - Cllr MacKay - November

Hi Danielle,

See attached.

Please advise if you require anything further.

Kind Regards,

[REDACTED]  
**Executive Assistant | Office of the Mayor and Council**  
[REDACTED] [REDACTED]

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

---

**From:** [REDACTED]  
**Sent:** December 7, 2020 1:05 PM  
**To:** [REDACTED]  
**Subject:** FW: Expense Claim - Cllr MacKay - November

Hi Rayann,  
The pages on the attached expense claim got split somehow, please revise to have the dollar amount associated with the expense on the same page. Also, Councillor Mackay already claimed his Oct 26, 2020 Shaw bill. We will require the Nov. 26, 2020 bill as back up for his internet expense claim.  
Thanks,

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



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**From:** [REDACTED]  
**Sent:** Friday, December 4, 2020 3:01 PM  
**To:** [REDACTED]  
**Subject:** FW: Expense Claim - Cllr MacKay - November

Good afternoon,

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

Kind Regards,

[REDACTED]

[REDACTED]

**Executive Assistant | Office of the Mayor and Council**

[REDACTED] [REDACTED]

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---

**From:** [REDACTED]  
**Sent:** December 4, 2020 2:48 PM  
**To:** [REDACTED]  
**Subject:** RE: Expense Claim - Cllr MacKay - November

Looks good thanks

[REDACTED]

**Councillor**

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

[REDACTED]



---

**From:** [REDACTED]  
**Sent:** December 4, 2020 11:32 AM  
**To:** [REDACTED]  
**Subject:** Expense Claim - Cllr MacKay - November

Good morning Cllr MacKay,

Please find attached your revised November expense claim form for your review and approval.

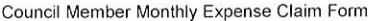
Kind Regards,



Executive Assistant | Office of the Mayor and Council



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Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 12/16/2020

Month	December	Year	2020
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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
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Professional Development		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (for 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	
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		GL Coding
				-						-								ACCT CAT 2 Cost Ctr Project CAT4
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																		Sub-Total
																		\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 12/16/2020

Month December 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
										-							-			
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Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3 CAT4
										-							-			
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Sub-Total \$ -





# Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 12/16/2020

Month December Year 2020

Operating Supplies/Telephone/Internet/Sponsorships			Total	GL Coding				
		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)		ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description							
26/12/2020	Home Office Internet		70.00		6404 1010	516109	N/A	Mobile Device Charge
								Office/Operating Supp

Sub-Total \$ 70.00

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



## Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 12/16/2020

Month: December Year: 2020

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
								-
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Sub-Total: \$ -

**Claim Reminders:**

\*\* See Council Policy C-CC-63 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\*

- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
- Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
- A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location.
- For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
- It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address).
- Expense claims must be submitted within 10 days of the following month.
- Incomplete expense claims will not be processed.

Grand Total Expenses	\$ 70.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor MacKay	\$ 70.00

**Training and Development Activities**

Activity Name	Description of Activity Content and any learning/information worth sharing
12/02/2020	Riverside Parks Planning Engagement
12/15/2020	Notice of Pre-Submission Open House, Proposal to amend the Erin Ridge North Area Structure Plan

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

Date of Meeting	Name of Meeting	Updates
12/01/2020	Emergency Management Advisory Committee Meeting	
12/01/2020	Committee of the Whole	
12/07/2020	Regular City Council Meeting	
12/09/2020	Recovery Task Force Meeting	
12/11/2020	ACRWC Board Meeting	
12/18/2020	ERWAC Meeting	
12/21/2020	Regular City Council Meeting	



## Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 12/16/2020

Month:

December

Year:

2020

## Authorizations &amp; Approvals

Councillor MacKay

December

2020

## Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below.  
This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

Rayann Laforce  
Preparer's Signature  
16-12-20  
Date (DD/MM/YY)

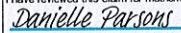
## Council Member

I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

  
Kenneth MacKay (Dec 18, 2020 10:43 VST)  
Council Member's Signature  
Date (DD/MM/YY)


## Accounts Payable

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

  
Danielle Parsons (Dec 18, 2020 13:49 MST)  
Accounts Payable Personnel Signature  
Date (DD/MM/YY)

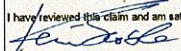
## Chief Financial Officer

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 (Dec 18, 2020 13:53 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.

  
Jennifer Della  
City Manager Signature  
Date (DD/MM/YY)

C:\Users\inkoy\Desktop\Council Expense Claims\Monthly Expense Claims\Ctr MacKay\December\MacKay - Council Expense Claim.xlsx\Claim Form