														L		"Grey" cells					
Name:	Councillor MacKay										Date Submitted	11/04/2020]	Month (October	Year	2020				
	,	u											1					ļi			
General Council F	Related Business	In-Region Mileage Cla	aim hasad on Chart	One Way	Mileage Claim km's (From	Out-of-Region Mileag	e Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @	Other Transportation & Parking *	Accommodations *	Airforo*	Meals *	Registration Event Ticket	General Expenses * 1	Total		GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting		To	n count	Ondity	From		CAT7_	Ореспис	1220					1222			ACCT	CAT Cost Ctr Proje	2	
Date (DD/IIIII 1 1)	Tatalo of Event meeting	11011				i i i i	10	UALI7_		1220	1220	1220	1220	122	1222	1222		7,001	COST OIL 1 TO	0/114	
										-							-				
										-							-				
										-											
										_											
										-											
										-							-				
										-							-				
										-											
									1	-			1		Sub-Total	_	\$ -				
														`	Sub-Total	-	-				
Professional Deve	elopment				Mileage				Mileage	Mileage	Other Transportation & Parking *			G F	Conference or Course Registration						
		In-Region Mileage Cla	aim based on Chart	/Return	Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	/Return	Claim- Specific	Amount @ 0.505/km	Transportation & Parking *	Accommodations *	Airfare*	Meals * *	Event Ticket	General Expenses *	Total		GL Coding	1	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT Cost Ctr Proje		
										-											
										-											

SENDENT Cultivate Life

\$ -

SĒ	Albert Chicon Lik						Council M	ember l	Monthly	y Expens	se Claim Fo	orm				Select From List Do not enter in "Grey" cells					
Name:	Councillor MacKay]									Date Submitted	11/04/2020		Month	October	Year	2020				
AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses * To	ital		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	
										-					Sub-Total		-				
Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage specific r	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 * To	ital		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	
								_													
										-							-				
										-							-				
										-											

Sŧ	Albert Ciltrate Life	Council Member Monthly Expe	nse Claim f	Form .				Select From List Do not enter in "Grey" cells						
Name:	Councillor MacKay		Date Submitted	11/04/2020	N	fonth	October	Year	20:	20				
	es/Telephone/Internet/Sponsorships Detailed Description	Mobile Device (Max \$55:Month) Home Internet (Max \$70:Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							Total	ACCT	L Coding CAT 2 Project CA	Expe T7 Type		
26/10/2020	Home Office Internet								70.0		516109		ile Device C	Charge
												Offic	ce/Operating	g Supt
							Sub-Total		\$ 70.0	10				
BMO MasterCard	Expenses		Other Transportation & Parking *	& Accommodations *	Airfare* N	feals *	Registration /Event Ticket	General Expenses *	Total					
Date (DD/MM/YY)									ı					
10/13/2020	MacKay ticket to Business @ Lunch						20.00		20.0	10				
									-					
		· · · · · · · · · · · · · · · · · · ·		1			_							

\$ 20.00

St	Albert Collosas Life	C	Council Member Monthly Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells	_	
Name:	Councillor MacKay			Date Submitted	11/04/2020]	Month	October	Year	2020	
Expenses Paid D	rectly by the City (eg. Petty Cash)			Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total	
Date (DD/MM/YY)											
Duce (DD/MIN/TT)											
										-	
										-	
										_	
Claim Reminders: ** See Council Po 1. Detailed receipt	licy C-CC-03 Council Remuneration and Expense Reimburse s must be provided for all expenses. Credit Card slips are NOT s	ment for detailed provisions of allowable expenses** an acceptable form of receipt.						Sub-Total		\$ -	
2. Meter parking m	ay be claimed without a receipt up to \$15. Clearly indicate (Mete	er) in the nature of event/meeting section.				Grand T	otal Exp	enses			\$ 90.00
	age chart is available for use. All kilometers are based on St. Alb						MO Mas	terCard			-\$ 20.00
		are of the meeting and indicate the # of people in attendance. The full names of the partic choose to claim specific mileage you must provide a Google map printout with the detaile		(8)		Directly					s -
	must be submitted within 10 days of the following month		· · · · · · · · · · · · · · · · · · ·	-,		Net to b	e paid to	: Councillor	MacKay		\$ 70.00
7. Incomplete expe	ense claims will not be processed										
Training and Dev	elopment Activities										1
Activity Name	Description of Activity Content and any learning/information wo	rth sharing	·	-							
10/20/2020	Annexation Public Participation Information Session	-									
10/20/2020	PARTIESABURI P UDITC P ATRICIPABURI INTORNIBURI SESSION										
-											

Date of Meeting 10/13/2020

10/19/2020

10/26/2020

Council/ESAB Meeting

10/27/2020 Special City Council Meeting

St	Lity of City of Caltivate Life	Council Member Monthly Expense Claim Form Select From List Do not enter in "Otory cells."
Name:	Councillor MacKay	Date Submitted 11/04/2020 Month October Year 2020
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	



Authorizations & Approvals		Councillor MacKay	October	2020
<u>Preparer</u> 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 fir	me of submission.			
Preparer's Signature	Date (DD/MMYY)			
Council Member Loartify 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 serious matter.	he 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 provide	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Chief Financial Officer Signature	Date (DDMMYY)			
			1	
Chief Administrative Officer (City Manager)				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provide	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
			ı	

From:
To:
Cc:
Subject: FW: FOR APPROVAL: Cllr MacKay - October Expense Claim
Thursday, November 19, 2020 11:25:00 AM

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 8:27 AM

To:

Subject: RE: FOR APPROVAL: Cllr MacKay - October Expense Claim

Approved.

Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Monday, November 9, 2020 10:33 AM

To:

Subject: FOR APPROVAL: Cllr MacKay - 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: Friday, November 6, 2020 11:14 AM
To:
Cc:
Subject: FW: Cllr MacKay - October Expense Claim

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 6, 2020 9:44 AM

To:

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,

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



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:

Sent: Thursday, November 5, 2020 2:16 PM

To:

Subject: FW: Cllr MacKay - October Expense Claim

Hi Danielle,

The adjustment has been made.

Thanks,

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: November 5, 2020 1:14 PM

To:

Subject: FW: Cllr MacKay - October Expense Claim

Hi Rayann,

Please adjust the year for this claim.

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



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:

Sent: Wednesday, November 4, 2020 1:14 PM

To:

Subject: FW: Cllr MacKay - October Expense Claim

Good afternoon,

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

Kind Regards,

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: November 4, 2020 12:26 PM

To:

Subject: RE: Cllr MacKay - October Expense Claim

All good, thanks

Councillor

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



From:

Sent: November 4, 2020 10:50 AM

To:

Subject: Cllr MacKay - October Expense Claim

Good morning Cllr MacKay,

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

Thanks!

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community



Name:

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Councillor MacKay

Date Submitted 12/04/2020

November Year Month

2020

General Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileac	ge Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding CAT	1
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	3 1221	1222	2 1222	2	ACCT	CAT Cost Ctr Proje	ct CAT4
										-							-			
										-							-			
																	-			
										-							-	-		
										-							-			
										-										
																	-			
																	-			
																	_			

Professional Development	In-Region Mileage Cl	aim based on Chart	Mileage Claim (From Chart)	Out-of-Region Mil	eage Claim (or In-Region, ific mileage)		Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare* Meals	Conference or Course Registration /Event Ticks		Total		GL Coding
Date (DD/MM/YY) Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	1226	227 12	25 1224		ACCT	CAT 2 Cost Ctr Project CAT4
														-		
								-						-		
														-		

Sub-Total

\$ -

\$ -



Select From List

Do not enter in "Grey" cells

Councillor MacKay Name:

Date Submitted 12/04/2020

Month

2020

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	1	ACCT	CAT 2 Cost Ctr Project	CAT4
																		1		
										-								-		
																		1		
																	_			
																		1		
										-							-			

Sub-Total \$ -

Office of the Mayo	r (Official Events & Duties)	In-Region Mileage C		Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket G	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1 1222	1222		ACCT	Cost Ctr CAT3	CAT4
									-										
									-							-			

\$ -



Name:

Councillor MacKay

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Date Submitted 12/04/2020

Month

2020

Operating Supplie	es/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 Co			Ī
Date (DD/MM/YY)	Detailed Description			ACCT C		CAT 2 Project CAT7	Expense Type	
26/10/2020	Home Office Internet		70.00	6404 1	110 51	6109 N/A	Mobile De	evice Charges
							Office/Ope	perating Suppl

\$ 70.00 Sub-Total

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 - Clir MacKay registration RCA Webinar					75.00	75.00
11/06/2020	EDMONTON CHAMBER EDMONTON - MacKay registration Premier Kenney webinar					21.00	21.00
							_
							-
							-
							-
							_
							_

Sub-Total

\$ 96.00



Select From List Do not ente in "Grey"

Name:	Councillor MacKay	Date Submitted 12/04/2020	Month	November	Year	2020
			•			

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

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

Sub-Total

Training and De	velopment Activities	
Activity Name	Description of Activity Content and any learning/infor	mation worth sharing
11/05/2020	Budget Public Participation - World Cafe Discussion	is .
11/09/2020	Budget Public Participation - World Cafe Discussion	as a second of the second of t
Board, Committ	ee, Agency meetings attended (Includes both Coun	cil 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	
11/23/2020	Committee of the Whole - Budget	
11/24/2020	Emergency Management Advisory Committee	I J



Select From List

Do not enter in "Grey"
cells

Name: Councillor MacKay

Date Submitted 12/04/2020

Month November

2020

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



Select From List Do not enter in "Grey" cells

Councillor MacKay Name:

Date Submitted 12/04/2020

Authorizations & Approvals		Councillor MacKay	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 S was completed by another individual. All applicable receipts have been attached.	Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the cla	nim even if the form		
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.				
Rayann Laforce	04-12-20			
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 a	re in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Chief Financial Officer Signature	Date (DD/MM/YY)			
Chief Administrative Officer (City Manager)				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided in	re in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
Cilleger/diged/Destroi/curcil/Evenes Claims/Mooth), Evenes Claims/Mex/Fu Caucil/Evenes Claims/Mex/Fu				

From:
To:
Cc:
Subject: FW: FOR APPROVAL: Expense Claim - Cllr MacKay - November
Wednesday, December 16, 2020 1:38:35 PM

Attachments:

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 12:48 PM

To:

Subject: RE: FOR APPROVAL: Expense Claim - Cllr MacKay - November

Approved

Chief Administrative Officer

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Monday, December 7, 2020 1:45 PM

To:

Subject: FOR APPROVAL: Expense Claim - Cllr MacKay - November

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, December 7, 2020 1:43 PM
To:
Cc:
Subject: Fw: Expense Claim - Cllr MacKay - November

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

From: Sent: December 7, 2020 1:36 PM

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,



www.facebook.com/cityofstalbert | 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: Sent: Monday, December 7, 2020 1:08 PM

To:

Subject: RE: Expense Claim - Cllr MacKay - November

Hi Danielle,

See attached.

Please advise if you require anything further.

Kind Regards,

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: December 7, 2020 1:05 PM

To:

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.

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



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:

Sent: Friday, December 4, 2020 3:01 PM

To:

Subject: FW: Expense Claim - Cllr MacKay - November

Good afternoon,

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

Kind Regards,

Executive Assistant | Office of the Mayor and Council

Bringing Our Best to Cultivate An Amazing Community

From:

Sent: December 4, 2020 2:48 PM

To:

Subject: RE: Expense Claim - Cllr MacKay - November

Looks good thanks

Councillor

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



From:

Sent: December 4, 2020 11:32 AM

To:

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

Bringing Our Best to Cultivate An Amazing Community



Select From List Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted 12/16/2020

Month December Ye

2020

General Council R	elated Business	In-Region Mileage C	Claim based on Chart	One Way (Fro	age m km's om ort)	Out-of-Region Milea 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	General Expenses *	Total		GL Coding CAT 2
ate (DD/MM/YY)	Nature of Event/Meeting	From	То		Fr	rom	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr Project CAT4
																		1	
				132															
			Will have to																
		661 - 15 - 17 - 1						MESE											
										·						7.			
					-				+-	-								1	
			22515151		_				-									-	
				1 3														-	
				91.				3		12									
		CED TO V		37															

Professional Development		In-Region Milea	In-Region Mileage Claim based on Chart		In-Region Mileage Claim based on Chart		In-Region Mileage Claim based on Chart		Region Mileage Claim based on Chart		Mileage One Way Claim (From Return Chart)	Out-of-Region Milea specifi	on Mileage Claim (or In-Region, Specific mileage)		Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodatio	ns * Airfare*	1773	or Course Registration /Event Ticket	General Expenses *	Total		GL Coding CAT 2
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	122	1	1222 122	26 1227	1225	1224	1	ACCT	Cost Ctr Project CAT4						
				20																					
-																									
													100												
		1,24,73						34187																	
				1879																					
		To the same																							

Sub-Total \$

1 of 5



Select From List Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted 12/16/2020

Month

ecember Year

2020

JMA or FCM Cor	vention or Board Expenses	In-Region Mileage	Claim based on Chart	Mileage One Way //Return Chart)	Out-of-Region Milea specific	ge Claim (or In-Region, cmileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding
ate (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
	18																	
				Total Control													7	
			-						(54)								-	
		10% 14 = 5	64 E 35 W				Mark Service		-								_	
		10, 12, 170, 170	0.50						1.00									
	9	J. 11 = 111		4 1 1														

Sub-Total

ş .

Office of the Mayor (Official Events & Duties)	In-Region Mileage C	aim based on Chart	One Way /Return Chart)	Out-of-Region M	lleage Claim (or In-Region, cific mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses	Total		GL Coding	g
Pate (DD/MM/YY) Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
															9			
*																		

Sub-Total \$



Council	Member	Monthly	Expense	Claim	Form
Council	Mellibel	MOHITIN	Expense	Claim	FOII

Select From List

Do not enter in "Grey" cells

N	0	-	~	_	

Councillor MacKay

Date Submitted 12/16/2020

Month December Year

2020

erating Supplie	s/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	100	GL Coding CAT 2	Expense
e (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr Project CAT7	
2/2020	Home Office Internet		70.00	6-	404 1010 516109 N/A	A Mobile Device
						Office/Operat
				1	2	
]		

Sub-Total

\$ 70.00

Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
_		1				
		+				
	Other Transportation & Parking *	Other Transportation & Parking * Accommodations *	Other Transportation & Parking * Accommodations * Airfare*	Other Transportation & Parking * Accommodations * Airfare* Meals *	Other Transportation & Registration Parking ** Accommodations ** Airfare** Meals ** Accommodations ** Airfare** Meals **	Other Transportation & Parking* Accommodations Alafare* Meals Registration (Event Ticket Expenses September 1)

Sub-Total

\$ -

19	M Canada
CEX	Ilhout
06/	Ubert
	Calman Lat

Select From List Do not enter in "Grey"

Councillor MacKay	Date Submitted	12/16/2020		Month	December	Year	20
s Paid Directly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare* M	Meals *	Registration /Event Ticket	General Expenses *	Total
мьт							
							9.
							\$.

- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipts.
- 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 issed 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 (le. Street Address)
- 6. Expense claims must be submitted within 10 days of the following month
- 7. Incomplete expense claims will not be processed

Net to be paid to Councillor MacKay	\$	70.00
Less: Expenses Paid	\$	*
Less: BMO MasterCard	\$	12
Grand Total Expenses	S	70.00

lopment Activities	
Description of Activity Content and any learning inf	formation worth sharing
Riverside Parks Planning Engagement	
Notice of Pre-Submission Open House, Proposal t	to armend the Erin Ridge North Area Structure Plan
, Agency meetings attended (includes both Cou	ncil appointed and other approved committees)
Name of Meeting	Updales
Emergency Management Advisory Committee Meeting	
Committee of the Whole	
Regular City Council Meeting	
Recovery Task Force Meeting	
ACRWC Board Meeting	
ERWAC Meeting	
Regular City Council Meeting	
*	
	Reverside Parks Planning Engagement Notice of Pre-Submission Open House, Proposal I Agency meetings attended (Includes both Cot Name of Meeting Emergency Management Advisory Committee Meeting Committee of the Whole Regular City Council Meeting Recovery Task Force Meeting ACRIVC Board Meeting ERWAC Meeting



Select From Ust

Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted 12/16/2020 Month December Year 2020

Preparer (I claim form was prepared by an individual other than the Council Member, sign and date below than speepared by an individual other than the Council Member, sign and date below than speepared by an individual other than the Council Member at the time of submission. Sayrann Laforce	I the claim even if the form	
Topice (DD/IMM/YY) Council Member 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 laws completed. All applicable receipts have been attached.	I the claim even if the form	
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 was completed by another individual. All applicable receipts have been attached.	I the claim even if the form	
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Danielle Passons (Dec 18, 2070 1549 MST) Danielle Passons (Dec 18, 2070 1549 MST)		
Date (DD/MMYY) Accounts Payable Personnel Signature Date (DD/MMYYY)		
Chief Financial Officer Beyon 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/MMYY)		
Chief Administrative Officer (City Manager) That we 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/MMYY)		

C:\Users\rligyd\Desktop\Council\Expense\Claims\Monthly\Expense\Claims\Clir\MacKay\December\{MacKay - Council\Expense\Claim\xlsm]Claim\Form