

Select From List Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted 03-11-20 Month October Year 2020

| General Council R | Related Business   | In-Region Mileage Cl | aim based on Chart    | Way    |       | Out-of-Region Mileage |    |       | Mileage<br>Claim<br>km's-<br>Specific | Mileage<br>Amount @<br>0.505/km | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* | Meals * | Registration<br>/Event Ticket<br>* | General<br>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 | CAT 2<br>Project CAT4 |
| 10/07/2020        | Meeting: Coalition of the Willing - Mayor's and CAO's    |                      | Edmonton-<br>Downtown | Return | 30.00 |                       |    |       |                                       | 15.15                           |  |                  |          |         |                                    |                       | 15.15 | 6140 | 1010     | 516112                |
|                   | Regional Mayors' Lunch - Mayors Heron, Young and Stewart | St. Albert           | Beaumont              | Return | 98.00 |                       |    |       |                                       | 49.49                           |  |                  |          |         |                                    |                       | 49.49 | 6140 | 1010     | 516112                |
|                   |  |                      |                       |        |       |                       |    |       |                                       |                                 |  |                  |          |         |                                    |                       | -     |      |          |                       |
|                   |  |                      |                       |        |       |                       |    |       |                                       | _                               |  |                  |          |         |                                    |                       | _     |      |          |                       |
|                   |  |                      |                       |        |       |                       |    |       |                                       | _                               |  |                  |          |         |                                    |                       | _     |      |          |                       |
|                   |  |                      |                       |        |       |                       |    |       |                                       | _                               |  |                  |          |         |                                    |                       |       |      |          |                       |
|                   |  |                      |                       |        |       |                       |    |       |                                       | _                               |  |                  |          |         |                                    |                       |       |      |          |                       |
|                   |  |                      |                       |        |       |                       |    |       |                                       | _                               |  |                  |          |         |                                    |                       |       |      |          |                       |
|                   |  |                      |                       |        |       |                       |    |       |                                       |                                 |  |                  |          |         |                                    |                       | -     |      |          |                       |

Sub-Total \$ 64.64

| Professional Dev |                         | In-Region Mileage C |    | One<br>Way<br>/Return | Mileage<br>Claim (From<br>Chart) | Out-of-Region Mileag | e Claim (or In-Region,<br>mileage) | One Way | Mileage<br>Claim-<br>Specific | Mileage<br>Amount @<br>0.505/km | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* | Conference<br>or Course<br>Registration<br>/Event Ticket<br>* | General<br>Expenses * | Total |      | GL Coding                   |  |
|------------------|-------------------------|---------------------|----|-----------------------|----------------------------------|----------------------|------------------------------------|---------|-------------------------------|---------------------------------|--|------------------|----------|---|-----------------------|-------|------|-----------------------------|--|
| Date (DD/MM/YY)  | Nature of Event/Meeting | From                | То |                       |                                  | From                 |                                    | CAT7_   |                               | 1221                            |  |                  |          | 1225  | 1224                  |       | ACCT | CAT 2 Cost Ctr Project CAT4 |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               | _                               |  |                  |          |   |                       | _     |      |                             |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               |                                 |  |                  |          |   |                       |       |      |                             |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               | -                               |  |                  |          |   |                       | -     |      |                             |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               | -                               |  |                  |          |   |                       | -     |      |                             |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               | -                               |  |                  |          |   |                       | -     |      |                             |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               | -                               |  |                  |          |   |                       | -     |      |                             |  |
|                  |                         |                     |    |                       |                                  |                      |                                    |         |                               | -                               |  |                  |          |   |                       | -     |      |                             |  |

Sub-Total \$ -



Select From List Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted

Month

03-11-20

October Year

2020

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

Sub-Total

\$

| Office of the May | or (Official Events & Duties) | In-Region Mileage Cl |    | Way | Out-of-Region Mileag | e Claim (or In-Region,<br>mileage) | One Way | Mileage<br>Claim-<br>Specific | Mileage<br>Amount @<br>0.505/km | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* |      | Registration<br>/Event Ticket<br>* | General<br>Expenses * | Total |      | GL Coding          |  |
|-------------------|-------------------------------|----------------------|----|-----|----------------------|------------------------------------|---------|-------------------------------|---------------------------------|--|------------------|----------|------|------------------------------------|-----------------------|-------|------|--------------------|--|
| Date (DD/MM/YY)   | Nature of Event/Meeting       | From                 | То |     | From                 | То                                 | CAT7_   |                               | 1220                            | ) 1220                                 | 0 1225           | 1226     | 1221 | 1222                               | 1222                  |       | ACCT | Cost Ctr CAT3 CAT4 |  |
|                   |                               |                      |    |     |                      |                                    |         |                               | -                               |  |                  |          |      |                                    |                       | -     |      |                    |  |
|                   |                               |                      |    |     |                      |                                    |         |                               |                                 |  |                  |          |      |                                    |                       | _     |      |                    |  |
|                   |                               |                      |    |     |                      |                                    |         |                               | _                               |  |                  |          |      |                                    |                       | _     |      |                    |  |
|                   |                               |                      |    |     |                      |                                    |         |                               | _                               |  |                  |          |      |                                    |                       | _     |      |                    |  |
|                   |                               |                      |    |     |                      |                                    |         |                               | _                               |  |                  |          |      |                                    |                       | -     |      |                    |  |

Sub-Total

\$ -

| CM// City of                       | Council Member Monthly Expense Claim Form |
|------------------------------------|---|
| SEX Life City of L. Cultivare Life |   |

Select From List Do not enter in "Grey" cells

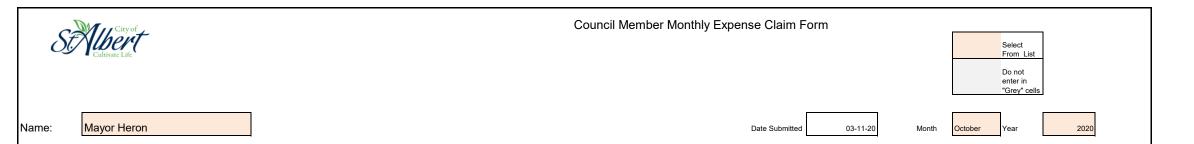
Name: Mayor Heron

Date Submitted 03-11-20 Month October Year 2020

| Total | GL (          |                                  |  |   |
|-------|---------------|----------------------------------|--|---|
|       | ACCT Cost Ctr |                                  | Expense<br>Type  |   |
| 55.00 | 6404 1010     | 516112 N/A                       | Mobile Device  | ce Charg  |
| 23.00 | 6404 1010     | 516112 N/A                       | Office/Opera   | ating Sup   |
|       |               |                                  |  |   |
|       |               |                                  |  |   |
|       |               |                                  |  |   |
|       | -             |                                  |  |   |
|       | 55.00         | ACCT Cost Ctr<br>55.00 6404 1010 | ACCT Cost Ctr Project CAT7  55.00 6404 1010 516112 N/A | ACCT Cost Ctr Project CAT 2 Expense  55.00 6404 1010 516112 N/A Mobile Device |

Sub-Total \$ 78.00

| BMO MasterCard  | Expenses  | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* | Meals * | Registration<br>/Event Ticket<br>* | General<br>Expenses * | Total |
|-----------------|---|--|------------------|----------|---------|------------------------------------|-----------------------|-------|
| Date (DD/MM/YY) |   | •                                      | T                | ı        |         |                                    | _                     |       |
| 09/30/2020      | FCM Sustainable Communities Virtual Conference Ticket |  |                  |          |         | 79.10                              |                       | 79.10 |
|                 |   |  |                  |          |         |                                    |                       | _     |
|                 |   |  |                  |          |         |                                    |                       |       |
|                 |   |  |                  |          |         |                                    |                       |       |
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|                 |   |  |                  |          |         |                                    |                       | _     |
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|                 |   |  |                  |          |         |                                    |                       | -     |
|                 |   |  |                  |          |         |                                    |                       | _     |



Sub-Total

\$ 79.10

4 of 7

| SF   | Ibert |
|------|-------|
| O(I) | wer ( |

|  | Select<br>From List              |
|--|----------------------------------|
|  | Do not<br>enter in<br>"Grey" cel |

| Name: | Mayor Heron |
|-------|-------------|

Date Submitted 03-11-20 Month October Year 2020

| Expenses Paid Dir | ectly by the City (eg. Petty Cash) | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* | Registration<br>/Event Ticket<br>* | General<br>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          | \$  | 221.74 |
|-------------------------------|-----|--------|
| Less: BMO MasterCard          | -\$ | 79.10  |
| Less: Expenses Paid           | \$  | -      |
|                               |     |        |
| Net to be paid to Mayor Heron | \$  | 142.64 |
|                               |     |        |

| Training and Dev | velopment Activities                             |  |
|------------------|--|--|
| ITalling and Dev | Perophient Activities                            |  |
| Date             | Description of Activity Content and any learning | ng/information worth sharing                     |
|                  |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |
| Board, Committe  | e, Agency meetings attended (includes both       | Council appointed and other approved committees) |
| Date of Meeting  | Board, Committee, Agency Name                    | Updates  |
| 10/05/2020       | Regular Council Meeting                          |  |
| 10/06/2020       | Philanthropy Award Committee                     |  |
| 10/06/2020       | Agenda Planning                                  |  |
| 10/13/2020       | Community Growth and Infrastructure              |  |
| 10/14/2020       | Internal Audit Steering Committee Meeting        |  |



Select From List Do not enter in "Grey" cells

| Name:      | Mayor Heron                              | Date Submitted 03-11-20 Month | October Year | 2020 |
|------------|--|-------------------------------|--------------|------|
| 10/14/2020 | Agenda Planning                          |                               |              |      |
| 10/19/2020 | Regular Council Meeting                  |                               |              |      |
| 10/20/2020 | Council & Library Board Annual Meeting   |                               |              |      |
| 10/26/2020 | Council/ESAB Meeting                     |                               |              |      |
| 10/27/2020 | Special City Council Meeting             |                               |              |      |
| 10/27/2020 | Agenda Planning                          |                               |              |      |
| 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                     |                               |              |      |
|            |  |                               |              |      |
|            |  |                               |              |      |



Select From List Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 03-11-20 Month October Year 2020

| Authorizations & Approvals  |  | Mayor Heron                     | 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.  |                                 |         |      |
| Rayann Laforce Preparer's Signature   | Date (DD/MM/YY)  |                                 |         |      |
| Council Member  I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City was completed by another individual. All applicable receipts have been attached.   | 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 | s of the claim even if the form |         |      |
| Council Member's Signature  | Date (DD/MM/YY)  |                                 |         |      |
| Accounts Pavable 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)  |                                 |         |      |
|   |  |                                 |         |      |

From: To: Cc: Subject: FW: FOR APPROVAL: Mayor Heron (October 2020 Expenses) Date: November 19, 2020 3:59:20 PM Attachments: approved by Kevin below. Thanks, Senior Executive Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: Sent: Thursday, November 19, 2020 1:48 PM **Subject:** RE: FOR APPROVAL: Mayor Heron (October 2020 Expenses) Approved Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: Sent: Thursday, November 5, 2020 1:36 PM Subject: FOR APPROVAL: Mayor Heron (October 2020 Expenses) For your approval, please. Thanks, Senior Executive Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community

From:

**Sent:** Thursday, November 5, 2020 1:33 PM **To:** 

Cc:

Subject: FW: Mayor Heron (October 2020 Expenses)

Approved. For Kevin's approval then back to Lynda

Director, Finance & Assessment / Chief Financial Officer

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

From:

**Sent:** November 5, 2020 1:26 PM

To:

**Subject:** Mayor Heron (October 2020 Expenses)

Hi Diane

Attached are Mayor Heron's October expenses which I have reviewed.

Could you please approve and forward to Kevin for approval.

Thank you

Accounts Payable Coordinator | Financial Services

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

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



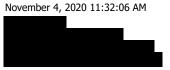
### **NOTICE -**

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Subject: FW: Mayor Heron - October Expense Claim

Date: Attachments:



## Good morning,

Please find attached Mayor Heron's approved October expense claim.

Kind Regards,



Executive Assistant | Office of the Mayor and Council

City of St. Albert <u>| 5</u> St. Anne Street <u>|</u> St. Albert, AB | T8N 3Z9





From:

**Sent:** November 4, 2020 9:40 AM

To:

**Subject:** RE: Mayor Heron - October Expense Claim



Stay healthy

Warmly,

City of St. Albert, The Botanical Arts City #T8NTogether

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

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



From:

Sent: Tuesday, November 3, 2020 2:33 PM

To:

**Subject:** Mayor Heron - October Expense Claim

Hi Mayor,

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



Select From List Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted 03-12-20 Month November Year 2020

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

Sub-Total \$

| Professional De | velopment                 | In-Region Mileage C |    | One Way | Out-of-Region Mile | eage Claim (or In-Region, fic mileage) | One Way<br>/Return | Mileage<br>Claim-<br>Specific | Mileage<br>Amount @<br>0.505/km | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* |      | or Course Registration /Event Ticket C | General<br>Expenses * T | <sup>-</sup> otal |      | GL       | Coding                |
|-----------------|---------------------------|---------------------|----|---------|--------------------|--|--------------------|-------------------------------|---------------------------------|--|------------------|----------|------|--|-------------------------|-------------------|------|----------|-----------------------|
| Date (DD/MM/YY  | ) Nature of Event/Meeting | From                | То |         | From               |  | CAT7_              |                               | 1221                            |  |                  |          | 1227 | 1225                                   | 1224                    |                   | ACCT | Cost Ctr | CAT 2<br>Project CAT4 |
|                 |                           |                     |    |         |                    |  |                    |                               | _                               |  |                  |          |      |  |                         | -                 |      |          |                       |
|                 |                           |                     |    |         |                    |  |                    |                               | _                               |  |                  |          |      |  |                         | _                 | 1    |          |                       |
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Sub-Total \$ -



Select From List Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted 03-12-20 Month November Year 2020

| AUMA or FCM Convention or Board Expenses | In-Region Mileage Cl | aim based on Chart | One Way<br>/Return | Mileage<br>Claim (From<br>Chart) | Out-of-Region Mileag | e Claim (or In-Region,<br>mileage) | One Way<br>/Return | Claim- | Amount @ | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* |        | or Course<br>Registration<br>/Event Ticket | General<br>Expenses * | Total |      | GL Coding                   |  |
|--|----------------------|--------------------|--------------------|----------------------------------|----------------------|------------------------------------|--------------------|--------|----------|--|------------------|----------|--------|--|-----------------------|-------|------|-----------------------------|--|
| Date (DD/MM/YY) Nature of Event/Meeting  | From                 | То                 |                    |                                  | From                 | То                                 | CAT7_              |        | 1221     | 1221                                   | 1222             | 1226     | 3 1227 | 1225                                       | 1224                  |       | ACCT | CAT 2 Cost Ctr Project CAT4 |  |
|  |                      |                    |                    |                                  |                      |                                    |                    |        | _        |  |                  |          |        |  |                       | _     |      |                             |  |
|  |                      |                    |                    |                                  |                      |                                    |                    |        |          |  |                  |          |        |  |                       |       | 1    |                             |  |
|  |                      |                    |                    |                                  |                      |                                    |                    |        | -        |  |                  |          |        |  |                       | -     | -    |                             |  |
|  |                      |                    |                    |                                  |                      |                                    |                    |        | -        |  |                  |          |        |  |                       | -     | _    |                             |  |
|  |                      |                    |                    |                                  |                      |                                    |                    |        | -        |  |                  |          |        |  |                       | -     |      |                             |  |
|  |                      |                    |                    |                                  |                      |                                    |                    |        | _        |  |                  |          |        |  |                       | _     |      |                             |  |

Sub-Total \$

| Office of the Mayo | or (Official Events & Duties) | In-Region Mileage ( | Claim based on Chart | One Way Claim (I<br>/Return Chart) | rom <u>Out-of-Region Mil</u> | eage Claim (or In-Region,<br>ific mileage) | One Way<br>/Return | Claim- | Amount @ | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* |      | Registration<br>/Event Ticket Ge<br>* Ex | eneral<br>xpenses * To | otal |      | 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 |
|                    |                               |                     |                      |                                    |                              |  |                    |        |          |  |                  |          |      |  |                        | -    |      |               |      |
|                    |                               |                     |                      |                                    |                              |  |                    |        | _        |  |                  |          |      |  |                        | -    |      |               |      |
|                    |                               |                     |                      |                                    |                              |  |                    |        |          |  |                  |          |      |  |                        | _    |      |               |      |
|                    |                               |                     |                      |                                    |                              |  |                    |        | _        |  |                  |          |      |  |                        | _    |      |               |      |
|                    |                               |                     |                      |                                    |                              |  |                    |        | -        |  |                  |          |      |  |                        | _    |      |               |      |

Sub-Total \$ -



| Select<br>From List                |
|------------------------------------|
| Do not<br>enter in<br>"Grey" cells |

Name: Mayor Heron

Date Submitted 03-12-20 Month November Year 2020

| Operating Supplies/Telephone/Internet/Sponsorships  | Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) | Total |      | GL       | Coding              |       |                     |
|---|--|-------|------|----------|---------------------|-------|---------------------|
| Date (DD/MM/YY) Detailed Description  |  |       | ACCT |          | CAT 2<br>Project CA |       | xpense<br>ype       |
| 21-11-20 Telus Mobility - Mobile Device Charges   |  | 55.00 | 64   | 104 1010 | 516112              | N/A N | lobile Device Cha   |
| Shaw - Home Office Internet (Mayor to charge<br>01-11-20 one third of the allotted maximum) |  | 23.00 | 64   | 104 1010 | 516112              | N/A C | office/Operating Su |
|   |  |       |      |          |                     |       |                     |
|   |  |       |      |          |                     |       |                     |
|   |  |       |      |          |                     |       |                     |
|   |  |       |      |          |                     |       |                     |

Sub-Total \$ 78.00

| BMO MasterCard  | Expenses  | Other<br>Transportation<br>& Parking * | Accommodations * | Airfare* | Meals * | Registration<br>/Event Ticket<br>* | General<br>Expenses * | Total  |
|-----------------|---|--|------------------|----------|---------|------------------------------------|-----------------------|--------|
| Date (DD/MM/YY) |   |  |                  |          |         |                                    |                       |        |
| 10/21/2020      | STARS ALBERTA 403-295-1811 AB - Donation on behalf of Mayor of Parkland |  |                  |          |         |                                    | 50.00                 | 50.00  |
|                 | EDMONTON CHAMBER - Mayor registration webinar w/ Premier Kenney         |  |                  |          |         | 21.00                              |                       | 21.00  |
| 11/06/2020      | EDMONTON CHAMBER - Mayor registration webinar w/ Toews                  |  |                  |          |         | 21.00                              |                       | 21.00  |
| 11/13/2020      | ST ALBERT & DISTRICT C ST. ALBERT - Chamber Donation to Sponsor a Tree  |  |                  |          |         |                                    | 150.00                | 150.00 |
|                 |   |  |                  |          |         |                                    |                       |        |
|                 |   |  |                  |          |         |                                    |                       |        |
|                 |   |  |                  |          |         |                                    |                       |        |
|                 |   |  |                  |          |         |                                    |                       |        |
|                 |   |  |                  |          |         |                                    |                       | -      |
|                 |   |  |                  |          |         |                                    |                       | -      |
|                 |   |  |                  |          |         |                                    |                       | -      |
|                 |   |  |                  |          |         |                                    |                       | -      |
|                 |   |  |                  |          |         |                                    |                       | -      |
|                 |   |  |                  |          |         |                                    |                       | -      |
|                 |   |  |                  |          |         |                                    |                       | _      |

Sub-Total \$ 242.00

3 of 7



Select From List Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted 03-12-20 Month November Year 2020

| $\mathscr{Q}_{\sim}$ | City of |
|----------------------|---------|
| SFX                  | llhert  |
| 06                   | wa (    |

Select From List

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"Grey" cells

| Name: | Mayor Heron | Date Submitted | 03-12-2 | 7 | November | Year | 2020 |  |
|-------|-------------|----------------|---------|---|----------|------|------|--|
|       |             |                |         |   |          |      |      |  |

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

Claim Reminders:

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

Sub-Total

\$ -

| Grand Total Expenses          | \$  | 320.00 |
|-------------------------------|-----|--------|
| Less: BMO MasterCard          | -\$ | 242.00 |
| Less: Expenses Paid           | \$  | -      |
| Net to be paid to Mayor Heron | \$  | 78.00  |

| Training and Dev | velopment Activities                                |   |
|------------------|---|---|
|                  |   |   |
| Date             | Description of Activity Content and any learning/in | formation worth sharing                       |
|                  |   |   |
| 11/04/2020       | Council Workshop - MDP                              |   |
| 11/05/2020       | Budget Public Participation - World Cafe Discussion | ons   |
| 11/09/2020       | Budget Public Participation - World Cafe Discussion | nns.  |
| 11/03/2020       | Budget r abilo r artiopation - World Oute Bisoussic |   |
| Board Committee  | ee, Agency meetings attended (Includes both Cou     | usil angisted and other consessed committees) |
| Board, Committee | ee, Agency meetings attended (includes both Cou     | inch appointed and other approved committees) |
| Date of Meeting  | Board, Committee, Agency Name                       | Updates                                       |
| 11/02/2020       | Regular Council Meeting                             |   |
| 11/03/2020       | Agenda Planning                                     |   |
| 11/03/2020       | Special Council Meeting/Committee of the Whole      |   |
| 11/05/2020       | 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                |   |



|          | Select<br>From List                |      |
|----------|------------------------------------|------|
|          | Do not<br>enter in<br>"Grey" cells |      |
|          |                                    | ·    |
| November | Year                               | 2020 |

| Name:      | Mayor Heron  | Date Submitted 03-12-20 Month N | November Year | 2020 |
|------------|--|---------------------------------|---------------|------|
| 11/10/2020 | Agenda Planning  |                                 |               |      |
| 11/10/2020 | Mid-Sized Cities Mayors Caucus   |                                 |               |      |
| 11/13/2020 | Annual Council Meeting with Policing Committee                           |                                 |               |      |
| 11/14/2020 | Civic Agencies 2021 Intake   |                                 |               |      |
| 11/16/2020 | City Council   |                                 |               |      |
| 11/19/2020 | Meeting with Chamber Board of Directors                                  |                                 |               |      |
| 11/19/2020 | Budget discussion with representatives from the<br>Committees of Council |                                 |               |      |
| 11/23/2020 | Recovery Task Force Meeting  |                                 |               |      |
| 11/24/2020 | Committee of the Whole   |                                 |               |      |
| 11/24/2020 | Emergency Management Advisory Committee                                  |                                 |               |      |
| 11/25/2020 | Agenda Planning  |                                 |               |      |
| 11/30/2020 | Committee of the Whole   |                                 |               |      |
| 11/30/2020 | City Council   |                                 |               |      |



03-12-20

|   |          | Select<br>From List                |      |
|---|----------|------------------------------------|------|
|   |          | Do not<br>enter in<br>"Grey" cells |      |
| 1 | November | Year                               | 2020 |

| Name: | Mayor Heron |
|-------|-------------|

| Authorizations & Approvals   |  | Mayor Heron                        | 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 t  | he time of submission.   |                                    |          |      |
| Rayann Laforce<br>Preparer's Signature   | 03-12-20 Date (DD/MM/YY)   |                                    |          |      |
| Council Member  I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the C was completed by another individual. All applicable receipts have been attached.   | ity of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the def | ails 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 pr  | rovided 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 processes are supported by the company of the com | rovided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement   |                                    |          |      |
| City Manager Signature   | Date (DD/MM/YY)  |                                    |          |      |
|  |  |                                    |          |      |

C:\Users\liavallee\AppData\Loca\Microsoft\Windows\lNetCache\Content.Outlook\YMZYU0LL\[November - Mayor - Council Expense Claim (1).xlsm]Claim Form

From: To: Cc: Subject: FW: Mayor Heron (November Expenses) Date: December 16, 2020 1:40:51 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 12:49 PM **Subject:** RE: Mayor Heron (November Expenses) Approved Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community From: Sent: Wednesday, December 9, 2020 10:34 AM Subject: FW: Mayor Heron (November Expenses) For your approval, please. Thanks, Senior Executive Assistant Office of the Chief Administrative Officer Bringing Our Best to Cultivate An Amazing Community

From:

Sent: Wednesday, December 9, 2020 10:24 AM

To:

Cc:

**Subject:** Fw: Mayor Heron (November Expenses)

Approved. For Kevin's approval then back to Lynda

Can't wait to be done with this process lol

Director of Finance & Assessment/CFO

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

From:

**Sent:** December 9, 2020 10:16 AM

To:

**Subject:** Mayor Heron (November Expenses)

Good morning Diane

Attached is the expense claim for Mayor Heron's November expenses which I have reviewed.

Could you please approve & forward to Kevin for approval.

Thank you

(working remotely)

Accounts Payable Coordinator | Financial Services

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

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



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Select From List

Do not enter in "Grey" cells

Mayor Heron Name:

15-12-20 Date Submitted

December Year Month

2020

| General Council R | elated Business         | In-Region Mileage Cl | aim based on Chart | One Way | Mileage<br>Claim km's<br>(From<br>Chart) | Out-of-Region Mileag | e Claim (or In-Region,<br>mileage) | One Way | Mileage<br>Claim<br>km's-<br>Specific | Mileage<br>Amount @<br>0.505/km | Other<br>Transportation &<br>Parking * | Accommodations * | Airfare* | Meals * | Registration<br>/Event Ticket | General<br>Expenses * | Total | GL Coding             |  |
|-------------------|-------------------------|----------------------|--------------------|---------|--|----------------------|------------------------------------|---------|---------------------------------------|---------------------------------|--|------------------|----------|---------|-------------------------------|-----------------------|-------|-----------------------|--|
| Date (DD/MM/YY)   | Nature of Event/Meeting | From                 | То                 |         |  | From                 | То                                 | CAT7_   |                                       | 1220                            | 1220                                   | 1225             | 5 1226   | 1221    | 1222                          | 1222                  | 2     | ACCT Cost Ctr Project |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | _                               |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       | -     |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       |                                 |  |                  |          |         |                               |                       | -     |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       |                                 |  |                  |          |         |                               |                       | -     |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | _                               |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       |                                 |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       |                                 |  |                  |          |         |                               |                       | -     |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       | -     |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       | -     |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | _                               |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       |                                 |  |                  |          |         |                               |                       |       |                       |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       | -     | -                     |  |
|                   |                         |                      |                    |         |  |                      |                                    |         |                                       | -                               |  |                  |          |         |                               |                       |       |                       |  |

| Professional Dev | elopment                | In-Region Mileage Cl | aim based on Chart | One Way | Mileage<br>Claim (From<br>Chart) | Out-of-Region Mileag | e Claim (or In-Region,<br>mileage) | One Way | Mileage<br>Claim-<br>Specific | Mileage<br>Amount @<br>0.505/km | Other<br>Transportation &<br>Parking * | Accommodations * | Airfare* |      | Conference<br>or Course<br>Registration<br>/Event Ticket<br>* | General<br>Expenses * | Total |      | GL Coding                   |
|------------------|-------------------------|----------------------|--------------------|---------|----------------------------------|----------------------|------------------------------------|---------|-------------------------------|---------------------------------|--|------------------|----------|------|---|-----------------------|-------|------|-----------------------------|
| Date (DD/MM/YY   | Nature of Event/Meeting | From                 | То                 |         |                                  | From                 | То                                 | CAT7_   |                               | 1221                            |  |                  | 1226     | 1227 | 1225  | 1224                  |       | ACCT | CAT 2 Cost Ctr Project CAT4 |
|                  |                         |                      |                    |         |                                  |                      |                                    |         |                               |                                 |  |                  |          |      |   |                       |       |      |                             |
|                  |                         |                      |                    |         |                                  |                      |                                    |         |                               |                                 |  |                  |          |      |   |                       |       |      |                             |
|                  |                         |                      |                    |         |                                  |                      |                                    |         |                               |                                 |  |                  |          |      |   |                       | -     | 1    |                             |
|                  |                         |                      |                    |         |                                  |                      |                                    |         |                               |                                 |  |                  |          |      |   |                       | -     | -    |                             |
|                  |                         |                      |                    |         |                                  |                      |                                    |         |                               |                                 |  |                  |          |      |   |                       | -     |      |                             |
| -                |                         |                      |                    |         |                                  |                      |                                    |         |                               | -                               |  |                  |          |      |   |                       | -     |      |                             |
|                  |                         |                      |                    |         |                                  |                      |                                    |         |                               | -                               |  |                  |          |      |   |                       | -     |      |                             |

\$ -Sub-Total



Select From List

Do not enter in "Grey" cells

Mayor Heron Name:

15-12-20 Date Submitted

December Year Month

2020

| AUMA or  | FCM Cor | evention or Board Expenses | In-Region Mileage Cl |    | One Way | Mileage<br>Claim (From<br>Chart) | Out-of-Region Mileag | e Claim (or In-Region.<br>mileage) | One Way | Claim- |      | Other<br>Transportation &<br>Parking * | Accommodations * | Airfare* |      | Conference<br>or Course<br>Registration<br>/Event Ticket | General<br>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<br>Cost Ctr Project |  |
|          |         |                            |                      |    |         |                                  |                      |                                    |         |        |      |  |                  |          |      |  |                       |       |      |                           |  |
|          |         |                            |                      |    |         |                                  |                      |                                    |         |        | -    |  |                  |          |      |  |                       | -     | 1    |                           |  |
|          |         |                            |                      |    |         |                                  |                      |                                    |         |        | -    |  |                  |          |      |  |                       | -     | 1    |                           |  |
|          |         |                            |                      |    |         |                                  |                      |                                    |         |        | -    |  |                  |          |      |  |                       | -     | 4    |                           |  |
|          |         |                            |                      |    |         |                                  |                      |                                    |         |        | _    |  |                  |          |      |  |                       | -     |      |                           |  |
|          |         |                            |                      |    |         |                                  |                      |                                    |         |        |      |  |                  |          |      |  |                       |       |      |                           |  |

Sub-Total \$ -

| Office of the Mayo | r (Official Events & Duties) | In-Region Mileage C |    | One Way<br>/Return Chart) | From Out-of-Region | Mileage Claim (or In-Region<br>pecific mileage) | One Way | Claim- |      | Other<br>Transportation &<br>Parking * | Accommodations * | Airfare* |      | Registration<br>/Event Ticket Gen<br>* Expe | eral<br>enses * Total |      | GL Coding          |
|--------------------|------------------------------|---------------------|----|---------------------------|--------------------|---|---------|--------|------|--|------------------|----------|------|---|-----------------------|------|--------------------|
| Date (DD/MM/YY)    | Nature of Event/Meeting      | From                | То |                           | From               | То  | CAT7_   |        | 1220 | ) 1220                                 | 1225             | 1226     | 1221 | 1222  | 1222                  | ACCT | Cost Ctr CAT3 CAT4 |
|                    |                              |                     |    |                           |                    |   |         |        |      |  |                  |          |      |   |                       |      |                    |
|                    |                              |                     |    |                           |                    |   |         |        |      |  |                  |          |      |   |                       |      |                    |
|                    |                              |                     |    |                           |                    |   |         |        | -    |  |                  |          |      |   |                       |      |                    |
|                    |                              |                     |    |                           |                    |   |         |        | -    |  |                  |          |      |   |                       | -    |                    |
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\$ -



Select From List

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cells

Name:

Mayor Heron

Date Submitted

Month

15-12-20

December Year

2020

| Operating Supplie | iles/Telephone/Internet/Sponsorships  Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1.0 | 00/Year see policy C-CC-21 Council Sponsorship) Total | G             | SL Coding               |                    |
|-------------------|---|---|---------------|-------------------------|--------------------|
| Date (DD/MM/YY)   | ) Detailed Description  |   | ACCT Cost Ctr | CAT 2<br>r Project CAT7 | Expense<br>Type    |
| 21-12-20          | 20 Telus Mobility - Mobile Device Charges   | 55.00   | 6404 1010     | 516112 N/A              | Mobile Device Cha  |
| 01-12-20          | Shaw - Home Office Internet (Mayor to charge one<br>80 third of the allotted maximum)                                       | 23.00   | 6404 1010     | 516112 N/A              | Office/Operating S |
|                   |   |   |               |                         |                    |
|                   |   |   |               |                         |                    |
|                   |   |   |               |                         |                    |
|                   |   |   |               |                         |                    |

Sub-Total \$ 78.00

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



Select From List Do not ente in "Grey"

| Name: | Mayor Heron | Date Submitted | 15-12-20 | l | December | Year | 2020 |  |
|-------|-------------|----------------|----------|---|----------|------|------|--|
|-------|-------------|----------------|----------|---|----------|------|------|--|

| Expenses Paid Di | rectly by the City (eg. Petty Cash) | Other<br>Transportation &<br>Parking * | Accommodations * | Airfare* | Meals * | Registration<br>/Event Ticket | General<br>Expenses * | Total |
|------------------|-------------------------------------|--|------------------|----------|---------|-------------------------------|-----------------------|-------|
| Date (DD/MM/YY)  |                                     |  |                  |          |         |                               |                       |       |
|                  |                                     |  |                  |          |         |                               |                       | _     |
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Claim Reminders:

\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\*

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

| Grand Total Expenses          | \$  | 78.00 |
|-------------------------------|-----|-------|
| Less: BMO MasterCard          | \$  | -     |
| Less: Expenses Paid           | \$  | -     |
|                               |     |       |
| Net to be paid to Mayor Heron | \$  | 78.00 |
|                               | · · |       |

\$ -

Sub-Total

| Training and Deve | elopment Activities  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|
| Date              | Description of Activity Content and any learning/infor                       | making worth phasing                         |  |  |  |  |  |
| rate              | resulption of Activity Contents and any learning/innormation would straining |  |  |  |  |  |  |
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| Board, Committe   | e, Agency meetings attended (Includes both Counc                             | cil appointed and other approved committees) |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |
| ate of Meeting    | Board, Committee, Agency Name  | Updates                                      |  |  |  |  |  |
| 2/01/2020         | Agenda Planning  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |
| 12/01/2020        | Emergency Management Advisory Committee<br>Meeting                           |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |
| 12/01/2020        | Committee of the Whole   |  |  |  |  |  |  |
| 2/07/2020         | Regular Council Meeting  |  |  |  |  |  |  |
| 2/07/2020         | Regular Council Meeting  |  |  |  |  |  |  |
| 2/15/2020         | Agenda Planning  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |
| 12/21/2020        | Regular Council Meeting  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |
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| St    | Liber City of Collivore Life | Council Member Monthly Expense Claim Form  Select From List  Do not enter in "Grey" cells |      |
|-------|------------------------------|---|------|
| Name: | Mayor Heron                  | Date Submitted 15-12-20 Month December Year   | 2020 |
|       |                              |   |      |
|       |                              |   |      |
|       |                              |   |      |



Select From List

Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted

Month

15-12-20

December Year

2020

| Authorizations & Approvals   |  | Mayor Heron         | 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  |  |                     |          |      |
| Council Member  Learlify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. was completed by another individual. All applicable receipts have been attached.  Cathy Heron Libes 15, 2020 15:39 MST) | 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 | im even if the form |          |      |
| Council Member's Signature   | Date (DD/MM/YY)  |                     |          |      |
| Accounts Payable  Paye reviewed this glaim for mathematical accuracy and documentation support.  Your Lavalle (Dec 15, 2020 15:42 MST)   |  |                     |          |      |
| Accounts Payable Personnel Signature   | Date (DD/MM/YY)  |                     |          |      |
|  |  |                     | l        |      |
| Chief Financial Officer  I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a  Diane McMordie (Dec 15, 2020 16-26 MST)  | 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 plannand 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  |                     |          |      |
| City Manager Signature   | Date (DD/MM/YY)  |                     |          |      |
|  |  |                     |          |      |
| C:\Users\rlloyd\Desktop\Council Expense Claims\Monthly Expense Claims\Mayor\December\[December - Mayor - Council Expense Claims\Monthly Expense Claims\Mayor\December\[December - Mayor - Council Expense Claims\]   | uncil Expense Claim (1).xlsm]Claim Form  |                     |          |      |