



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted: Month: Year:

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim km's-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_	1220	1220	1225	1226	1221	1222	1222			ACCT	Cost Ctr	CAT 2 Project CAT4
10/07/2020	Meeting: Coalition of the Willing - Mayor's and CAO's	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010	516112
10/20/2020	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 Development		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_	1221	1221	1222	1226	1227	1225	1224			ACCT	Cost Ctr	CAT 2 Project CAT4
Sub-Total																				\$ -



Council Member Monthly Expense Claim Form

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Name: Mayor Heron

Date Submitted: 03-11-20 Month: October Year: 2020

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region-specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224			ACCT	Cost Ctr	Project CAT4
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ -

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

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name: Mayor Heron

Date Submitted: 03-11-20 Month: October Year: 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							
21-10-20	Telus Mobility - Mobile Device Charges	55.00	6404	1010	516112	N/A	Mobile Device Charge
01-10-20	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404	1010	516112	N/A	Office/Operating Supp

Sub-Total \$ 78.00

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



Council Member Monthly Expense Claim Form

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Name:

Mayor Heron

Date Submitted

03-11-20

Month

October

Year

2020

Sub-Total

\$ 79.10



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Name: Mayor Heron

Date Submitted: 03-11-20 Month: October Year: 2020

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

Sub-Total \$ -

- 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	\$	221.74
Less: BMO MasterCard	-\$	79.10
Less: Expenses Paid	\$	-
Net to be paid to Mayor Heron	\$	142.64

Training and Development Activities		
Date	Description of Activity Content and any learning/information worth sharing	
Board, Committee, 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	



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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	



Council Member Monthly Expense Claim Form

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 _____ Date (DD/MM/YY) _____
 Preparer's Signature

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

_____ Date (DD/MM/YY) _____
 Council Member's Signature

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

_____ Date (DD/MM/YY) _____
 Accounts Payable Personnel Signature

Chief Financial Officer
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

_____ Date (DD/MM/YY) _____
 Chief Financial Officer Signature

Chief Administrative Officer (City Manager)
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

_____ Date (DD/MM/YY) _____
 City Manager Signature

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: FOR APPROVAL: Mayor Heron (October 2020 Expenses)
Date: November 19, 2020 3:59:20 PM
Attachments: [REDACTED]

approved by Kevin below.

Thanks,

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, November 19, 2020 1:48 PM
To: [REDACTED]
Subject: RE: FOR APPROVAL: Mayor Heron (October 2020 Expenses)

Approved

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Thursday, November 5, 2020 1:36 PM
To: [REDACTED]
Subject: FOR APPROVAL: Mayor Heron (October 2020 Expenses)

For your approval, please.

Thanks,

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]

Sent: Thursday, November 5, 2020 1:33 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Mayor Heron (October 2020 Expenses)

Approved. For Kevin's approval then back to Lynda

[REDACTED]
Director, Finance & Assessment / Chief Financial Officer

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

From: [REDACTED]
Sent: November 5, 2020 1:26 PM
To: [REDACTED]
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

[REDACTED]
Accounts Payable Coordinator | Financial Services

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

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From: [REDACTED]
To: [REDACTED]
Subject: FW: Mayor Heron - October Expense Claim
Date: November 4, 2020 11:32:06 AM
Attachments: [REDACTED]

Good morning,

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

Kind Regards,

[REDACTED]

[REDACTED]

Executive Assistant | Office of the Mayor and Council

[REDACTED]

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

[REDACTED]



From: [REDACTED]
Sent: November 4, 2020 9:40 AM
To: [REDACTED]
Subject: RE: Mayor Heron - October Expense Claim



Stay healthy

Warmly,

[REDACTED]
City of St. Albert, The Botanical Arts City
#T8NTogether

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

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



From: [REDACTED]
Sent: Tuesday, November 3, 2020 2:33 PM
To: [REDACTED]
Subject: Mayor Heron - October Expense Claim

Hi Mayor,

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

Thanks!

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

Bringing Our Best to Cultivate An Amazing Community



Council Member Monthly Expense Claim Form

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

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region-specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
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										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name:

Mayor Heron

Date Submitted

03-12-20

Month

November

Year

2020



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 03-12-20

Month 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 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	



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Select From List
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Name: Mayor Heron

Date Submitted: 03-12-20 Month: November Year: 2020

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 the time of submission.

Rayann Laforce _____ 03-12-20
 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 St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

 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 provided 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 provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

 City Manager Signature Date (DD/MM/YY)

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Mayor Heron (November Expenses)
Date: December 16, 2020 1:40:51 PM
Attachments: [REDACTED]

Approved below.

Thanks,

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Wednesday, December 16, 2020 12:49 PM
To: [REDACTED]
Subject: RE: Mayor Heron (November Expenses)

Approved

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]
Sent: Wednesday, December 9, 2020 10:34 AM
To: [REDACTED]
Subject: FW: Mayor Heron (November Expenses)

For your approval, please.

Thanks,

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

Bringing Our Best to Cultivate An Amazing Community

From: [REDACTED]

Sent: Wednesday, December 9, 2020 10:24 AM
To: [REDACTED]
Cc: [REDACTED]
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

[REDACTED]

Director of Finance & Assessment/CFO

[REDACTED] | [REDACTED] | [REDACTED]

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

[REDACTED] | [REDACTED]

From: [REDACTED]
Sent: December 9, 2020 10:16 AM
To: [REDACTED]
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)

[REDACTED]

Accounts Payable Coordinator | Financial Services

[REDACTED] | [REDACTED]

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

[REDACTED] | [REDACTED]

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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

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project CAT2 CAT4	
										-											
										-											
										-											
										-											
										-											

Sub-Total \$ -

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

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 15-12-20

Month December Year 2020



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

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 15-12-20
 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 St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

Cathy Heron
 Cathy Heron (Dec 15, 2020 15:39 MST)
 Council Member's Signature Date (DD/MM/YY)

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

Lynda Lavallee
 Lynda Lavallee (Dec 15, 2020 15:42 MST)
 Accounts Payable Personnel Signature Date (DD/MM/YY)

Chief Financial Officer
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Diane McMordie
 Diane McMordie (Dec 15, 2020 16:26 MST)
 Chief Financial Officer Signature Date (DD/MM/YY)

Chief Administrative Officer (City Manager)
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Heidi
 City Manager Signature Date (DD/MM/YY)