

Select From List

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Name: Co

Councillor Brodhead

Date Submitted Febryart 11, 2021

Month January Year

2020

General Council F	Related Business	<u>In-Region Mileage C</u>	l <u>aim based on Chart</u>	Mileage Claim km's (From Chart)		e Claim (or In-Region, 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 Codin	g
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	) 122	5 1226	1221	1222	1222		ACCT	CAT Cost Ctr Proje	F 2 ect CAT4
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Sub-Total \$

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Professional Development	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Milea	ge Claim (or In-Region,	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1221	122	1 1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total

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Select From List Do not enter in "Grey" cells

Year

Name:

Councillor Brodhead

Date Submitted Febryart 11, 2021

Month January

2020

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

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Office of the May	or (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Milean	ge Claim (or In-Region,	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	122	1 1222	2 1222	2	ACCT	Cost Ctr CAT3	CAT4
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Sub-Total

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Select From List
Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted Febryart 11, 2021 Month January Year 2020

Operating Sup	plies/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/Y	Y) Detailed Description			ACCT	Cost Ctr	CAT 2 Project CA		pense pe
25-01	.21 Bell Mobility - Office Mobile		55.00	64	404 1010	516104 I	N/A Mo	bile Dev
18-01	21 Shaw - Home Office Internet		70.00	64	404 1010	516104 I	N/A Off	iice/Ope

Sub-Total \$ 125.00

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

Council Member Monthly Expense Claim Form
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Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead Date Submitted Febryart 11, 2021 Month January Year 2	Name:	Councillor Brodhead			Year		2020
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Expenses Paid Di	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses * -	Total
Date (DD/MM/YY)								
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Claim Reminders:

\*\* 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	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Brodhead	\$ 125.00

Sub-Total

Training and [	Development Activities	
Activity Name	Description of Activity Content and any lear	rning/information worth sharing
Posed Commi	ttee Agency meetings attended (Includes he	oth Council appointed and other approved committees)
Board, Commi	ttee, Agency meetings attended (includes bo	an council appointed and other approved committees)
Date	Meeting	Updates
01/11/2021	Council Meeting	
1/14/2021	EMRB Audit & Finance Committee	
1/18/2021	cgisc	

Cultivate Life	Council Member Monthly Expense Claim Form	Pro Do en	om List onot ter in	
Councillor Brodhead	Date Submitted Febryart 11, 2021 Monti	n <mark>January</mark> Ye	ar 2020	
Council Meeting				
Internal Audit Steering Committee				
	Councillor Brodhead  Council Meeting	Councillor Brodhead  Date Submitted Febryart 11, 2021 Month  Council Meeting	Se Free Document of the Submitted Febryart 11, 2021 Month January Ye Council Meeting	Select From List  Do not enter in "Grey" cells  Councillor Brodhead  Date Submitted Febryart 11, 2021 Month January Year 2020  Council Meeting



Name:

# Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

Councillor Brodhead

Date Submitted Febryart 11, 2021 Month January Year 2020

Authorizations & Approvals		Councillor Brodhead	January	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 th	time of submission.			
Christina Shoults Preparer's Signature	11/02/2021 Date (DD/MM/YY)			
Council Member  I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the Cit was completed by another individual. All applicable receipts have been attached.	of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the	ne claim even if the form		
Wes Brodhes (Feb Tt, 2021 17:04 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 (Feb 16, 2021 00:17 MGT)  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 pro	vided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
<u>Niane McMordie (Feh 16, 2021 08:51 MST.)</u> 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 pro	vided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			



Select From List

Do not enter in
"Grey" cells

Name: Councillor Brodhead

Date Submitted 09-03-21 Month

February Year

2021

General Council F	Related Business			One Way (Fr	leage aim km's rom	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim km's-	Mileage Amount @	Other Transportation &				Registration /Event Ticket	General				
D-t- (DD/MM/000)	Nature of Event/Meeting	In-Region Mileage Cl	aim based on Chart To	/Return Ch				/Return	Specific	0.505/km 1220	Parking * 1220			Meals * 1221	•	Expenses *	•	ACCT	GL Coding CAT 2 Cost Ctr Project	CATA
Date (DD/MIW/ 11)	Nature of Event/Meeting	FIOIII	10			From	То	CAI7_			1220	1223	1220	1221	1222	1222		ACCI	Cost Cir Project	JA14
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Professional Deve	plopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation 8 Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221			1226	3 1227	1225	1224	1	ACCT	CAT 2 Cost Ctr Project CAT4	
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Sub-Total	\$ -

CM (City of )	Council Member Monthly Expense Claim Form
ST Nubert Cultivate Life	Select From List
	Do not enter in "Grey" cells
Name: Councillor Brodhead	Date Submitted 09-03-21 Month February Year 2021

AUMA or FCM Convention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Re	gion Mileage Claim (or In-Region, specific mileage)			Other Transportation 8 Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Co		
Date (DD/MMYY) Nature of Event/Meeting	From	То			From	То	CAT7_	1221	1221	1222	1226	1227	7 1225	5 1224	ı	ACCT	Cost Ctr P	CAT 2 roject CA	.T4
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Sub-Total \$

Office of the Mayo	r (Official Events & Duties)	In-Region Mileage C		One Way		e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Cod	ing
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From		CAT7_		1220			1226	1221	1222	1222		ACCT Cost Ctr CAT	3 CAT4
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Sub-Total \$ -

De	T, City of
StX	lbert
	Cultivate Life

Select From List

Do not enter in
"Grey" cells

Name:	Councillor Brodhead
Name:	Councillor Brodhead

Date Submitted 09-03-21 Month

February Year

2021

Operating Supp	upplies/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	MYY) Detailed Description		ACCT Cost Ctr Project CA	Expense T7 Type
25-02-	-02-21 Bell Mobility - Office Mobile	55.00	6404 1010 516104	N/A Mobile Device Charg
18-02-2	-02-21 Shaw - Home Office Internet	70.00	6404 1010 516104	N/A Office/Operating Su

Sub-Total

\$ 125.00

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

\$ -

St	Council Member Monthly Expended	Council Member Monthly Expense Claim Form								
Name:	Councillor Brodhead	Date Submitted	09-03-21	]	Month	February	Year	202		
Expenses Paid D	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		
Date (DD/MM/YY)										
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Detailed receipt     Meter parking m     A standard mile     For meal expen     It is recommend     Expense claims	licy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses** s must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt. say be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section. age chart is available for use. All klometers are based on St. Albert Place (SAP) as the base location ses, 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. ed to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Addres must be submitted within 10 days of the following month see claims will not be processed	ss)		Less: E Less: E	Fotal Exp BMO Mas Expenses be paid to	sterCard	r Brodhead	\$ -	\$ 125.00 \$ - \$ - \$ 125.00	
Tasiaina and Dav	elopment Activities								1	
	Description of Activity Content and any learning/information worth sharing								1	
22/02/2021	Council Retreat								1	
23/02/2021	Council Retreat									
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Board, Committee	e, Agency meetings attended (Includes both Council appointed and other approved committees)								1	
Date	Meeting Updates									
01/02/2021	RTSC Monthly Meeting								1	
	r								_	

01/02/2021

04/02/2021

08/02/2021

12/02/2021

12/02/2021

Council Meeting

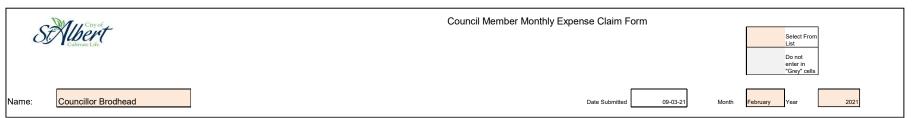
CLSC Meeting

Special Council Meeting

RTSC Interm Board Meeting

EMTSC Board Meeting

Lucity of Cultivate Life	Council Member Monthly Expense Claim Form	Select From List  Do not enter in "Grey" cells
Councillor Brodhead	Date Submitted 09-03-21 Month	February Year 2021
puncil Meeting		
MTSC Board Meeting		
TSC Interviews		
dmonton Salutes		
	ouncil Meeting  ATSC Board Meeting  ISC Interviews	Councillor Brodhead  Date Submitted  09-03-21  Month  MTSC Board Meeting  MTSC Board Meeting  MTSC Interviews



Authorizations & Approvals		Councillor Brodhead	February	2021
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.			
Christina Shoults Preparer's Signature	09-03-21 Date (DD/MM/YY)			
Council Member				
	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		
Wes Brodhead (Mar 10, 2021 11:25 MST)				
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.				
Lynda Lavalleo Londa Lavallee (Mar 10, 2021 12:37 MST)				
Accounts Payable Personnel Signature	Date (DD/MMYY)			
Chief Financial Officer				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Diane McMordie Diane McMordie (May 10, 3011 13:01 MST)				
Chief Financial Officer Signature	Date (DD/MMYY)			
			· I	
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/MMYY)			
			l	
P:\Mavor's Office\Expenses - F00\2021\2 - February\Brodhead\Brodhead - Council Expense Claim xlsm\Claim F				



Select From List

Do not enter in
"Grey" cells

Name:

Councillor Brodhead

Date Submitted 14-04-21 Month March Year 2021

				I IM	ileage				Mileage											
				C	laim km's		e Claim (or In-Region, mileage)		Claim	Mileage	Other			R	Registration					
General Council F	Related Business			One Way (F	rom	Out-of-Region Mileag	e Claim (or In-Region.	One Way	km's-	Amount @	Transportation &			/E	tegistration Event Ticket	General				
		In-Region Mileage Cla	im based on Chart	/Return C	hart)	specific	mileage)	/Return	Specific	0.505/km	Parking *	Accommodations *	Airfare* Me	eals *		Expenses *	Total		GL Coding	
																			CAT 2	)
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr Projec	t CAT4
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Professional Dev	relopment	In-Region Mileage	Claim based on Chart	One Way	Out-of-Region Mileag	ge Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation Parking *	& Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses * T	「otal		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		 From	То	CAT7_	_	1221	122	1 1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Select From List

Do not enter in
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Name:

Councillor Brodhead

Date Submitted 14-04-21 Month March Year 2021

AUM	MA or FCM Cor	evention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ie Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date	e (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1221		1222	1226	1227	7 1225	5 1224		ACCT	CAT 2 Cost Ctr Project (	CAT4
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl		One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	2	ACCT	Cost Ctr CAT3 CAT4	
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Sub-Total \$ -



Select From List
Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted 14-04-21 Month March Year 2021

Operating Supplie	ps/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		GI	L Coding		
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CA	Expen 7 Type	nse
25-03-2	Bell Mobility - Office Mobile	55.00		6404 1010	516104	N/A Mobile	e Device Charge
18-03-2	Shaw - Home Office Internet	70.00		6404 1010	516104	N/A Office	/Operating Sup

Sub-Total \$ 125.00

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



Select From List
Do not enter in "Grey" cells

Name:	Councillor Brodhead	D	Date Submitted	14-04-21		Month	March	Year	2021	
Expenses Paid Dir	rectly by the City (eg. Petty Cash)	ті	Other ransportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General 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 125.00 Less: BMO MasterCard Less: Expenses Paid

Net to be paid to: Councillor Brodhead

125.00

Training and Deve	ining and Development Activities							
Date	Description of Activity Content and any learning/information worth sharing							
2021-03-12	Council Off Site Levy Workshop							
Board, Committee	e, Agency meetings attended (Includes both Coun	ncil appointed and other approved committees)						
Date	Meeting	Updates						
2021-03-01	Council Meeting							
2021-03-01	EMTSC							
2021-03-04	SISB Task Force							
2021-03-05	EMTSC							
2021-03-08	CGISC							
2021-03-09	EMTSC Agenda Setting							



2021-03-30 Agenda Planning

## Council Member Monthly Expense Claim Form

Select From List	
Do not enter in "Grey" cells	
March Year	2021

Name:	Councillor Brodhead	Date Submitted 14-04-21 Month	March Year	2021	
2021-03-09	CUTA Executive				
2021-03-10	Annual ESAB Meeting with Council				
2021-03-11	EMRB Audit & Finance Committee				
2021-03-11	Council/OIC/Policing Committee				
2021-03-15	Council Meeting				
2021-03-15	EMTSC				
2021-03-17	Edmonton Global Meeting with Council				
2021-03-18	EMTSC Board Meeting				
2021-03-22	Special Council Meeting				
2021-03-23	EMTSC HR & Compensation Committee				
2021-03-26	Edmonton Salutes				



Date Submitted

14-04-21

		Select From List		
		Do not enter in "Grey" cells		
nth	March	Year	2021	

Councillor Brodhead	ead	
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Authorizations & Approvals		Councillor Brodhead	March	2021
Preparer  If claim form was prepared by an individual other than the Council Member, sign and date I This expense claim form was prepared in accordance with all information provided by the 0				
Preparer's Signature	14-04-21 Date (DD/MM/YY)			
Topalo 3 Ogradic	Date (DDINNW 11)			
Council Member  I certify that the expenditures claimed on this form were incurred while conducting business was completed by another individual. All applicable receipts have been attached.	s on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very seriou	is matter. I understand that I am solely responsible for the details of the claim even if the form		
Wes Brodhead  Wes Brodhead (Apr 14-2021 23:35 MDT)	<u> </u>			
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.				
Lynda Lavalloe  Jynda Lavallee (Apr. 15, 2021 07:55 MDT)	<u> </u>			
Accounts Payable Personnel Signature	Date (DD/MM/YY)			
Chief Financial Officer				
	d documentation provided are in accordance with Council policy C-CC-03 Council Remuneration a	and Expense Reimbursement		
Diane McMordie Diane McMordie (Apr 15, 2021 12:58:MDT)	<u> </u>			
Chief Financial Officer Signature	Date (DD/MM/YY)			
Oblif Administration Office (Cit. Manager)				
Chief Administrative Officer (City Manager)  I have reviewed this claim and am satisfied that the expenses listed and the information are	d documentation provided are in accordance with Council policy C-CC-03 Council Remuneration a	and Evnense Reimhursement		
fer Stolle		LAPOREC TOURISMONT		
	Date (DD/MM/YY)			

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