





### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted Febryart 11, 2021    Month January 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	
										-							-			A8	AUMA
										-							-				
										-							-				
										-							-				
										-							-				

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 \$ -



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Name: Councillor Brodhead

Date Submitted Febryart 11, 2021 Month January Year 2020

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)		Total	ACCT	Cost Ctr	Project	CAT7	Expense Type
25-01-21	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A	Mobile Dev
18-01-21	Shaw - Home Office Internet	70.00	6404	1010	516104	N/A	Office/Ope

Sub-Total \$ 125.00

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

Sub-Total \$ -



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Name: Councillor Brodhead

Date Submitted Febryart 11, 2021 Month January 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	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Brodhead</b>	<b>\$ 125.00</b>

Training and Development Activities	
Activity Name	Description of Activity Content and any learning/information worth sharing

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
01/11/2021	Council Meeting	
01/14/2021	EMRB Audit & Finance Committee	
01/18/2021	CGISC	
01/22/2021	Edmonton Salutes	



### Council Member Monthly Expense Claim Form

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Name:

Date Submitted

Month

Year

01/25/2021	Council Meeting	
01/29/2021	Internal Audit Steering Committee	



Council Member Monthly Expense Claim Form

Select From List
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Name: 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 the 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 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.

*[Signature]*  
Wes Brodhead (Feb 11, 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 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 (Feb 16, 2021 08:51 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

*[Signature]*

City Manager Signature

Date (DD/MM/YY)









Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: **Councillor Brodhead**

Date Submitted **09-03-21** Month **February** Year **2021**

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)						
25-02-21	Bell Mobility - Office Mobile	55.00	6404 1010	518104	N/A	Mobile Device Charge
18-02-21	Shaw - Home Office Internet	70.00	6404 1010	518104	N/A	Office/Operating Supp

Sub-Total \$ 125.00

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

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 09-03-21 Month: February Year: 2021

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

Sub-Total \$ -

- Claim Reminders:**  
**\*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***  
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 2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.  
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 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	\$ -
<b>Net to be paid to: Councillor Brodhead</b>	<b>\$ 125.00</b>

Training and Development Activities	
Date (DD/MM/YYYY)	Description of Activity Content and any learning/information worth sharing
22/02/2021	Council Retreat
23/02/2021	Council Retreat

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date	Meeting	Updates
01/02/2021	RTSC Monthly Meeting	
01/02/2021	Council Meeting	
04/02/2021	Special Council Meeting	
08/02/2021	CLSC Meeting	
12/02/2021	RTSC Interm Board Meeting	
12/02/2021	EMTSC Board Meeting	



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Name:

Date Submitted

Month  Year

16/02/2021	Council Meeting	
18/02/2021	EMTSC Board Meeting	
24/02/2021	RTSC Interviews	
26/02/2021	Edmonton Salutes	



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Name: Councillor Brodhead

Date Submitted 09-03-21 Month February Year 2021

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 Shoultz  
Preparer's Signature 09-03-21  
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.  
Wes Brodhead  
Council Member's Signature Date (DD/MM/YY)

Accounts Payable  
I have reviewed this claim for mathematical accuracy and documentation support.  
Lynda Lavallo  
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  
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  
Ken Satta  
City Manager Signature Date (DD/MM/YY)







### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 14-04-21 Month: March Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)			ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
25-03-21	Bell Mobility - Office Mobile	55.00					Mobile Device Charge
18-03-21	Shaw - Home Office Internet	70.00					Office/Operating Supp

Sub-Total \$ 125.00

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

Sub-Total \$ -







Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

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	
2021-03-30	Agenda Planning	



# Council Member Monthly Expense Claim Form


Select From List
Do not enter in "Grey" cells

Name:


Date Submitted:  Month:  Year:

**Authorizations & Approvals** Councillor Brodhead      March      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.

 \_\_\_\_\_ 14-04-21  
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.

 \_\_\_\_\_ \_\_\_\_\_  
[Wes Brodhead \(Apr 14, 2021 23:35 MDT\)](#)  
Council Member's Signature Date (DD/MM/YY)

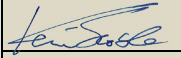
**Accounts Payable**  
I have reviewed this claim for mathematical accuracy and documentation support.

 \_\_\_\_\_ \_\_\_\_\_  
[Lynda Lavallee \(Apr 15, 2021 07:55 MDT\)](#)  
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 \(Apr 15, 2021 12:58 MDT\)](#)  
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)