

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

01-03-21 Date Submitted

January Month

2021

General Council F	lelated Business	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	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 Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Projec	2 ct CAT4
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	ne Claim (or In-Region.	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL	. Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	1	ACCT	Cost Ctr	CAT 2 Project CAT4	
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Sub-Total



Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

01-03-21 Date Submitted

Month January 2021

AUMA or	FCM Cor	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	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	1227	1225	1224	1	ACCT	CAT 2 Cost Ctr Project	
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Sub-Total \$ -

Office of the Mayo	r (Official Events & Duties)	In-Region Mileage C		One Way /Return Chart)	From Out-of-Region	Mileage Claim (or In-Region pecific mileage)	One Way	Claim-		Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Gen * Expe	eral 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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\$ -



Councillor Hughes

Name:

#### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Date Submitted

Month

01-03-21

January

2021

Operating Supplie	es/Telephone/Internet/Sponsorships	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total		GL Coding			
Date (DD/MM/YY)	Detailed Description			ACCT Cos	CAT 2 Ctr Project 0	AT7	Expense Type	
13-01-21	Mobility		55.00	6404 101	516106	N/A	Mobile Device Ch	narges
03-01-21	Shaw Cable		70.00	6404 101	516106	N/A	Office/Operating	Supp
							Office/Operating	Supp

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

\$ -



Select From List Do not ente in "Grey"

lame:	Councillor Hughes	Date Submitted	01-03-21		January	Year	2021	
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Expenses Paid Dir	ectly by the City (eg. Petty Cash)	Other Transportation & 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

Grand Total Expenses	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hughes	\$ 125.00

Sub-Total

Training and D	evelopment Activities	
Date (DD/MM/Y	Y) Description of Activity Content and any learning	y/information worth sharing
Deard Commit	the Arran markings attended (last idea bath)	Council appointed and other approved committees)
Board, Commi	tree, Agency meetings attended (includes both o	Council appointed and other approved committees)
Date	Meeting	Updates
Date	Iweeting	Optates
01/11/2021	0 711 5	
01/11/2021	Council Meeting	
01/13/2021	IASC	
01/13/2021	IASC	
01/18/2021	CLSC	
01/10/2021	CLGC	
01/18/2021	CGISC	
01/10/2021	CGIGC	
01/19/2021	St. Albert Housing Association Meeting	
O II TO/EUE T	Ot. Albert Flodeling Abbooldsoft Modeling	
01/25/2021	Council Meeting	
01/26/2021	CSAC	
01/29/2021	IASC	



Select From List

Do not enter in "Grey"
cells

Name:

Councillor Hughes

Date Submitted 01-03-21 Month January Year 2021

Authorizations & Approvals	Cour	ncillor Hughes	January	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	11-02-21			
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 was completed by another individual. All applicable receipts have been attached.  Sheen A Hughes (Mar 7, 2021 1121 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 claim even if the	e form		
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 (Mar 1, 2021 11:47 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 a DIANE MCMOYGLE	re in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Diane McMordie (Mar 2, 2021 14:01 MST)				
Chief Financial Officer Signature	Date (DD/MM/YY)			
Chief Administrative Officer (City Manager)				
I have reviewed this dailm and am satisfied that the expenses listed and the information and documentation provided a	re in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
C:\Users\riloyd\Desktop\Council Expense Claims\[Hughes - January Council Expense Claim (1).xlsm]Claim Form				

0	T. City of
SFX	Ubert
06	Cultivate Life

Select From List

Do not enter in
"Grey" cells

Name:	Councillor Hughes
	3

Date Submitted March 8/21 Month February Year 2021

General Council F	Related Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Miles	age Claim (or In-Region, ic 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	То			From	То	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project	CAT4
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Professional Development	In-Region Mileage C	Claim based on Chart	One Wa	Mileage ay Claim (From Chart)	Out-of-Region Mile	age Claim (or In-Region, fic mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Codir	ng
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CA Cost Ctr Proj	T 2 ject CAT4
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Sub-Total	\$ _



Select From List

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"Grey" cells

Name:
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Councillor Hughes

Date Submitted March 8/21

nth February Yea

2021

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage / Claim (From Chart)		ge Claim (or In-Region,	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 (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		122	1 1221	1 1222	1226	1227	7 1225	1224		ACCT	CAT Cost Ctr Proje	2 ect 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 Wa	Mileage ay Claim (From Chart)	Out-of-Region Milea	ge Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Codin	g	
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

\$ -

	DM City of	Council Member Monthly Expense Claim Form			_	
St	Cultivate Life			Select From List		
				Do not enter in "Grey" cells		
Name:	Councillor Hughes	Date Submitted March 8/21 Month	February	Year	2021	

Operating Supp	lies/Telephone/Internet/Sponsorships	Total		GL Coding		
Date (DD/MM/Y)	) Detailed Description			ACCT Cost Ct	CAT 2 r Project CAT7	Expense Type
13-02-	21 Mobility		47.71	6404 1010	516106 N/A	Mobile Device Char
03-02-	21 Shaw Cable		70.00	6404 1010	516106 N/A	Office/Operating Su

Sub-Total \$ 117.71

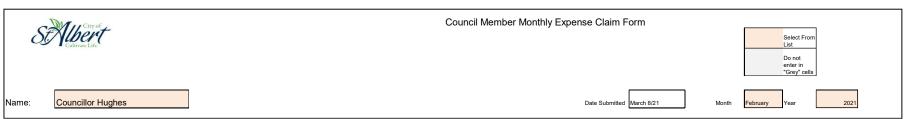
BMO MasterCard E	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
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Sub-Total \$ -

STABERT Calibrate Life	Council Member Monthly Expen	se Claim F	Form				Select Fron List  Do not enter in "Grey" cells		
ame: Councillor Hughes		Date Submitted	March 8/21	]	Month	February	Year	202	1
penses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	t General Expenses *	Total	
te (DD/MM/YY)			1		1	Τ	<u> </u>		
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im Reminders:						Sub-Total		\$ -	] =
See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allows Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt. Wheter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of r t is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you mi Expense claims must be submitted within 10 days of the following month incomplete expense claims will not be processed	cople in attendance. The full names of the participants should be listed on the back of the receipt.	ss)		Less: E Less: E	Expense	sterCard	r Hughes		\$ \$ \$
ining and Development Activities  te (DD/MMYYY)  Description of Activity Content and any learning/information worth sharing									-
2021-02-22 Council Retreat 2021-02-23 Council Retreat									-
									1

Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing
2021-02-22	2 Council Retreat
2021-02-23	3 Council Retreat
Board, Committee	e, Agency meetings attended (Includes both Council appointed and other approved committees)
Date	Meeting Updates
Date	meeting typoties
01-02-2021	Committee of the Whole
01/02/2021	Council Meeting
04/02/2021	Special Council Meeting
08/02/2021	CLSC
10/02/2021	Internal Auditor Steering Committee

St	Subsert Cultivare Life	Council Member Monthly Expense Claim Form	Select From List  Do not enter in  "Grey" cells	_
Name:	Councillor Hughes	Date Submitted March 8/21 Month F	February Year	2021
16/02/2021 24/02/2021	Council Meeting St. Albert - Sturgeon County Intermunicipal Affairs Committee			



Authorizations & Approvals		Councillor Hughes	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	te time of submission.			
Christina Shoults Preparer's Signature	08-03-21 Date (DD/MM/YY)			
Council Member I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the Cl was completed by another individual. All applicable receipts have been attached.  Sheena Hughes (Mar 9, 2021 09:06 MST)	y 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 t	ne 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.  Lynda Lavallee Lynda Lavallee (Mar 9, 2021 09:14 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 pr Diane McMordie Diane McMordie (Mar 9, 2021 09:58 MST)	ovided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Chief Financial Officer Signature	Date (DD/MMYY)			
Chief Administrative Officer (City Manager)  I have reviewed this claim and am satisfied that the expenses listed and the information and documentation pr	ovided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MMYY)			

P:\Mayor's Office\Expenses - F00\2021\2 - February\Hughes\[Hughes - Council Expense Claim.xlsm]Claim Form



Select From List

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"Grey" cells

Name:

Councillor Hughes

Date Submitted 12-04-21 Month March Year 2021

General Council R	telated Business	In-Region Mileage Cla	im based on Chart	l c	fileage claim km's From chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare* M	F //I leals * *	Registration Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting		То			From	То	CAT7_		1220			1226	1221	1222	1222		ACCT Cost (	CAT 2 Ctr Project CAT4	4
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Professional Dev	elopment	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)		Mileage Claim- Specific		Other Transportation a Parking *	& Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses * To	otal		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	122	1 122	2 1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4	
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Select From List

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"Grey" cells

Name:

Councillor Hughes

Date Submitted 12-04-21 Month March Year 2021

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	ie 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	1221	1222	1226	1227	7 1225	1224	ļ	ACCT	CAT 2 Cost Ctr Project C	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 \$ -



Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted 12-04-21 Month March Year 2021

			1				_
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 Co	oding		
Date (DD/MM/YY) Detailed Description			ACCT		CAT 2 Project CAT7	Expense Type	_
13-03-21 Mobility		55.00	6404	1010 5	16106 N//	Mobile D	Device Charge
03-03-21 Shaw Cable		70.00	6404	1010 5	16106 N//	Office/Or	perating Supp

Sub-Total \$ 125.00

BMO MasterCard Expenses	Other Transportation 8 Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)							
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Sub-Total	\$ -



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Name:	Councillor Hughes	Date Submitted	12-04-21		Month	March	Year	2021
Expenses Paid Di	rectly by the City (eg. Petty Cash)	Other Transportation 8 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 Hughes 125.00

Training and Development Activities	
Date (DD/MM/YY) Description of Activity Content and any learning/	
Date (DD/MIM/YY)   Description of Activity Content and any learning/	information worth snaring
2021-03-12 Council Offsite Levy Workshop	
Board, Committee, Agency meetings attended (Includes both Co	ouncil appointed and other approved committees)
Date (DD/MM/YY) Meeting	Updates
2021-03-01 Council Meeting	
2021-03-08 CLSC	
2021-03-10 ESAB Meeting with Council	
2021-03-11 Council/OIC/Policing Committee Meeting	
2021-03-15 Council Meeting	



Do not enter in
"Grey" cells

Name:	Councillor Hughes	Date Submitted 12-04-21 Month March Year 2021
2021-03-22	Special Council Meeting	
2021-03-23	Community Services Advisory Committee	



Do not enter in "Grey" cells	Select From List	
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March Year 2021	7	

Name:	Councillor Hughes						Date Submitted	12-04-21	Month	March	Year	2021	
Authorizations	s & Approvals							(	Councillor Hughes			March	2021
This expense cl	as prepared by an individual other than the Council Memb claim form was prepared in accordance with all information with all information accordance with a construction accordance with a	n provided by the Council Member at the time	of submission. 12-04-21 Date (DD/MM/YY)										
Council Member											1		
was completed	e expenditures claimed on this form were incurred while or by another individual. All applicable receipts have been a Humes (Apr 12, 2021 09:17 MDT)		. Albert. Tunderstand tha	it submitting a fraudulent c	ciaim is a very serious n	atter. Tunderstand that Fa	im solely responsible for t	ne details of the claim	even if the form				
Council Membe	er's Signature	1	Date (DD/MM/YY)										
Accounts Paya	<u>able</u>										<u>-</u> ]		
Lynda L	d this claim for mathematical accuracy and documentation  wallee (Apr 12, 2021 10:22 MDT)	support.											
Accounts Payal	ble Personnel Signature	1	Date (DD/MM/YY)										
											_		
Chief Financia	al Officer												
I have reviewed	d this claim and am satisfied that the expenses listed and	the information and documentation provided	are in accordance with Co	ouncil policy C-CC-03 Cou	ouncil Remuneration and	Expense Reimbursement							
Diane Mc	CMordie (Apr 12, 2021 10:56 MDT)												
Chief Financial	Officer Signature	1	Date (DD/MM/YY)										
											-		
Chief Administ	trative Officer (City Manager)												
I have reviewed	d this claim and am satisfied that the expenses listed and	the information and documentation provided	are in accordance with Co	ouncil policy C-CC-03 Cou	ouncil Remuneration and	Expense Reimbursement							
City Manager S			Date (DD/MM/YY)										

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