St	Albert						Council M	ember	Month	y Expen	se C l aim F	orm				Select From List Do not enter	-				
Name:	Councillor Joly]									Date Submitted	12/02/2	,	Month	January	in "Grey" cells	202	1			
General Council F	Related Business	In-Region Mileage Cl	aim based on Chart		Meage Claim km's (From Chart)	Out-of-Region Milesg specific	a Claim (or In-Region, mleage)	One Way /Return	Mileage Claim km's- Specific	Mitage 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	5 1226	122	122	1222		ACCT	Cost Ctr Proje	CAT4	
													-				-			A10 General Co.	nol Busiess
																				A10 General Cou	nol Busiess
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															Sub-Total		\$ -				
Professional Dev	elopment	h-Region Mileage Cl	nim board on Chast	One Way	Mleage Claim (From	Out-of-Region Mileag specific	Claim (or In-Region.	One Way	Milesge Claim- Specific	Meage Amount @ 0.505/km	Other Transportation 8 Parking *	Accommodations *	Airfores	Meaks *	Conference of Course Registration (Event Ticket	General Expenses *	Total		GL Coding		
Date (DD/MMNY)	Nature of Event/Meeting	From .	To To	//Cenami	Crist ()		_	CAT7	Topacino	1221					122			ACCT	CAT Cost Ctr Proje	2 f CAT4	_
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	1											-	-	-	na rad	-					

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SE	Council Member Monthly Expense Claim Form																			
C.J	Cultivate Life															Do not enter in "Grey" cells	,			
Name:	Councillor Joly										Date Submitted	12/02/21]	Month	January	Year	202	1		
AUMA or FCM Co	nvention or Board Expenses	in-Region Mileage Cl	aim based on Chart	One Way	Meage Claim (From Chart)	Out-of-Region Mileso specific	se Claim (or In-Region,	One Way	Mileage Claim- Specific	Meage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference of Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	To	CAT7_		122	122	1222	1226	3 1227	122	5 1224	4	ACCT	CAT Cost Ctr Proje	2 st CAT4
																	-			
Office of the Mayo	or (Official Events & Duties)	Ir-Region Mileage Cl	aim based on Chart.	One Way	Mjeage Claim (From Chart)	Out-of-Region Miless	te Claim (or In-Region	One Way	Mijeage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Sub-Total Registration (Event Ticket		S -		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7		122	122	1225	1226	3 1221	122	2 1223	2	ACCT	Cost Ctr CAT3	CAT4
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St	Albert	Council Member Monthly Expe	ense C l aim F	orm				Select From List Do not enter in "Grey" cells						
lame:	Councillor Joly		Date Submitted	12/02/21] ,	Month	January	Year [2021					
perating Supplie	os/Telephone#riternet/Sponsorships	Möde Device (Max \$55Morth). Home Internet (Max \$70Morth). Sponsorship (Max \$1.000Year see poky S-CC-21 Council Sponsorship)							Total		GL C	oding CAT 2	Expense	
ate (DD/MM/YY)	Detailed Description									NOCT C	Cost Ctr	Project CAT7	Туре	
3/01/2019	Mobile Device								55,00	6404 1	010 5	16108 N/A	Mobile Device	Charges
										6404			Office/Operat	ng Supp
							Sub-Total	1	\$ 55.00					
MO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare* P	Weals *	Registration /Event Ticket	General Expenses *	Total					
ate (DD/MMVYY)														
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St	Albert Literate	Council Member Monthly Expens	se C l aim F	orm				Select From List	-	
								Do not enter in "Grey" cells]	
Name:	Councillor Joly		Date Submitted	12/02/2		Month	January	Year	2	8021
Expenses Paid Di	irectly by the City (eg. Petty Cash)		Other Transportation & Parking *		Airfore*	Mests *	Registration /Event Ticket	General Expenses *	Total	
Date (DD/MM/YY)			I							
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Detailed receipts Meter parking m 3. A standard miles For meel expens 8. It is recommend Expense claims 7. Incomplete expe Training and Deve Activity Name	as must be provided for all oppress, C-redt Card sly on you be claimed without a rence just to 115. Claim age than it a mailable for use. All Memoriers are based set to claim misage based on the attacker in fleage of must be submitted within 10 days of the following more claim. With the processed department Activities possessiption of Activity Content and any learning lines.	usize (felse) in the restart of eventmentary section. The Achter files scilly not be have location. The Achter files scilly not be have location. The Number of the participants should be lesed on the bask of the recess, at it you choose to claim specific in ledge you must provide a Google map printed with the detailed to and from locations identified (i.e., Street Address) to make in vertical transfer or the science of the science of the science of the science identified (i.e., Street Address) to make in vertical transfer or the science of the science of the science identified (i.e., Street Address) make in vertical transfer or the science of the science of the science identified (i.e., Street Address) make in vertical transfer or the science of the sci			Less: E	Expense	sterCard	r Jo l y		\$ 5
Pand Discussion Indigenous	January 20 - Panel discussion re: Renaming and Re									-
Canada Course	Completed Indigenous Canada course (https://www.u	alpata, culadmissions-programskoj (ne-courseel ndigenous-canada Index. html)								
Board, Committee Board, Committee, Agency Name	e, Agency meetings attended (Includes both Coun Date of Meeting	d appointed and other approved committees) Updates								
01/05/2021	Agenda Planning									_
01/05/2021	Homeland - Meeting with CEO & Vice Chair									_
01/11/2021	Council Meeting									-
01/12/2021	Agenda Planning									-
01/12/2021	Homeland - Meeting with CEO & Vice Chair Homeland - Paperwork re: Chair responsibilities									_
01/18/2021	cusc									
01/18/2021	cgisc									
01/19/2021	Agenda Planning									4
01/19/2021	St, Albert Housing Association	<u> </u>								_
01/21/2021	Homeland - Paperwork re: Chair responsibilities									-
01/25/2021	Council Meeting									\dashv
	In the second of									1

StAlbert

S	Alhert	Council Member Monthly Expense Claim Form
	Cutovare Life	Cont. Done state in "Gay" code
Name:	Councillor Joly	Date Submitted 1300021 Morth January Year 2001
01/27/2021	ADAC Meeting	
01/28/2021	Homeland - Board Meeting	
01/29/2021	EMAC Homeland - Paperwork re Chair responsibilities	

			in "C cells	Grey"	
Name: Councillor Joly		Date Submitted 12/02/21 Mor	January Yea	2021	
Authorizations & Approvals		Councillor Job	,	January	202
Presence: It claims from was prepared by an individual other than the Council Member, sign and date below. This expanse claim form was prepared in accordance with all information provided by the Council Member at the tin	e of submission.				
Rayann Laforce Preparer's Signature	12/02/21 Date (DDRMAPY)				
Council Member					
Lendify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by another <u>Lindows</u> . All applicable receipts have been attached. **Description** **Lindows** **Lindows**	St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am s	olely responsible for the details of the claim even if the form			
Council Member's Signature	Date (DDMM/Y)				
Accounts Payable					
I have reviewed this claim for mathematical accuracy and documentation support.					
Danielle Parsons Danielle Parsons (Mar 9, 2021 12:21 MST)					
Accounts Payable Personnel Signature	Date (DDMM/YY)				
Chief Financial Officer					
These reviewed his claim and am satisfied that the expenses listed and the information and documentation provide <u>Diane McMordie</u> Diane McMordie (Mar 9, 2021 14/43 MST)	d are in accordance with Council policy C-CO-03 Council Remuneration and Expense Reimbursement				
Chief Financial Officer Signature	Date (DDMM/YY)				
Chief Administrative Officer (City Menager)					
I have the learned this digital commission satisfied that the expenses jated and the information and documentation provide	d are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement				
City Manager Signature	Date (DDIMMAYY)				

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St	Albert Cultivase Life						Council M	ember	Monthly	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells					
Name:	Councillor Joly										Date Submitted	08-03-21		Month		Year	2021				
General Council I	Related Business	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region. mileage)	One Way /Return	km's-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding CAT		
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr Project	CAT4	
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										-							-				
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															Sub-Total		\$ -				
Professional Dev	elopment	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket	General Expenses *	Total		GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting		То				То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT : Cost Ctr Projec	CAT4	
																	-				
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SE	Albert Calivote Life						Council M	lember	Monthl	y Expen	ise Claim F	Form				Select From List Do not enter in "Grey" cells				
Name:	Councillor Joly										Date Submitted	08-03-21]	Month	February	Year	202	11		
AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage C	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket	General Expenses *	Total		GL Coding CAT	2
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Proje	ct CAT4
																		1		
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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C	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 & Parking	Accommodations *	Airfare*	Meals *	Sub-Total Registration /Event Ticket		S -		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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	<u>I</u>					I	I		-			I			I		-			

Sub-Total \$ -

St	Mbert Cultivase Life	Council Member Monthly Expe	nse Claim F	Form				Select From List Do not enter in "Grey" cells						
Name:	Councillor Joly		Date Submitted	08-03-21		Month	February	Year	2021					
Operating Supplie	es/Telephone/Internet/Sponsorships	Mobile Device (Max \$556Month) 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	Cost C	CAT 2 tr Project	CAT7	Expense Type
01/02/2021	Mobile Device								55.00		6404 1010	516108	N/A	Mobile Device Ch
17/02/2021	Home Office Internet								18.81		6404 1010	516108	N/A	Office/Operating
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							Sub-Total		\$ 73.81					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare* N	Meals *	Registration /Event Ticket *	General Expenses *	Total					
Date (DD/MM/YY)														
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Sub-Total

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St	Albert Colivere Life	Council Member Monthly Expens	se Claim F	Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Joly		Date Submitted	08-03-21		Month	February	Year	202]
Expenses Paid D	irectly 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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									-	1
Meter parking rr A standard mile For meal expen It is recommenc Expense claims	s must be provided for all expenses. Credit Card sli hay be claimed without a receipt up to \$15. Clearly it age chart is available for use. All kilometers are bas ses, the event/description section should clearly ind	ndicate (Meter) in the nature of eventifineeting section. sed on St. Albert Place (SAP) as the base location to the section of the participants should be listed on the back of the receipt clatte 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 chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (is. Street Addre	998)		Less: E Less: E	Total Exp BMO Mas Expenses ne paid to	sterCard	Joly	\$ -	\$ 73.81 \$ - \$ - \$ 73.81
Training and Dev	elopment Activities									1
Date (DD/MM/YY)	Description of Activity Content and any learning/int	ormation worth sharing								
2021-02-22	Council Retreat									1
2021-02-23	Council Retreat									
]
	e, Agency meetings attended (Includes both Cou									1
Date	Meeting	Updates								-
01/02/2021	Committee of the Whole									
01/02/2021	Council Meeting									
02/02/2021	Agenda Planning									1
04/02/2021	Special Council Meeting									1
04/02/2021	opecal Council Meeting									†

St	Hubert Catrovae Life	Council Member Monthly Expense Claim Form	Selec From Do no enter "Grey	List	
Name:	Councillor Joly	Date Submitted 08-03-21 Month	February Year	2021	
09/02/2021	Agenda Planning				
16/02/2021	Council Meeting				
17/02/2021	Homeland				
18/02/2021	Agenda Planning				
24/02/2021	St. Albert - Sturgeon County Intermunicipal Affairs Committee				
25/02/2021	Homeland				
Preparer If claim form was This expense cla Christina Shoults Preparer's Signal	prepared by an individual other than the Council Mem im form was prepared in accordance with all information	Councillor Joly eer, sign and date below provided by the Council Member at the time of submission. 08-03-21 Date (DOMMYY)		February	2021
was completed by Natalie	expenditures claimed on this form were incurred while y another individual. All applicable receipts have beer 14,20116:01 MDT)	nonducting 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 foratt	m		
	the this claim for mathematical accuracy and documentation of the company of the	n support.			
Accounts Payable	e Personnel Signature	Date (DDIMMYY)			
Chief Financial C		the information and documentation provided are in accordance with Council policy C-CC-33 Council Remuneration and Expense Reimbursement			

Date (DD/MM/YY)

SHUSCH Caleruse Life	Council Member Monthly Expense Claim Form		Select From List Do not enter in "Grey" cells
Name: Councillor Joly	Date Submitted 08-03-21	Month February	Year 2021
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation and documenta	n provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement		
D-Maun's Official Evnances - E001202112 - Eabrusold Inlut - Crusroll Evnance Claim vism\Claim Form			

St	Albert Calmen Life						Council M	ember I	Monthly	y Expens	se Claim F	orm				Select From List Do not enter in "Grey" cells						
lame:	Councillor Joly										Date Submitted	12-04-21		Month	March	Year	2021]				
eneral Council F	Related Business	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region. mileage)	One Way	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL C	oding CAT 2		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	Project CAT4		
										-							-			A10	General Coun	cil Busiess
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rofessional Devi	elopment	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage	e 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 C	oding		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221		1226	1227	1225	1224		ACCT		CAT 2 Project CAT4		
02.04.24	Athabasca University - Sustainable Development & Business														3,175.00		3,175.00	6100	1010	- E16100 AE	Career Develop	mont
02-01-21	Dusiness									-					3,175.00		3,175.00	6100	1010	516106 A5	Career Develop	ment
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SE	Subsert Cultivate Life		Council M							lember Monthly Expense Claim Form							Select From List Do not enter in "Grey" cells						
Name:	Councillor Joly										Date Submitted	12-04-21]	Month		Year	202	1					
NUMA or FCM Convention or Board Expenses		In-Region Mileage Cla	im based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage	e 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										1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4				
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															Sub-Total		\$ -	Ξ					
Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cla	im based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage specific r	Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding				
oto (DD/MMVVV)	Nature of Event/Meeting		То				To	CAT7_		1220				1221	1222	•		ACCT	Cost Ctr CAT3	CATA			
Jale (DD/MIWTT)	Nature of Everiomeeting	rion	10			rion	10	CAT7_		1220	1220	1220	1220	1221	1222	1222		ACCI	COST CEL CATS	CA14			
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St	Albert Cultivate Life	Council Member Monthly Expens	se Claim F	orm				Select From List Do not enter in "Grey" cells						
Name:	Councillor Joly	<u> </u>	Date Submitted	12-04-21	,	Month	March	Year	2021					
Operating Supplie	es/Telephone/Internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsorship (Max \$1,000Year see policy C-CC-21 Council Sponsorship)							Total		G	L Coding		
Date (DD/MM/YY)	Detailed Description									ACCT		CAT 2 Project C	CAT7	Expense Type
3/01/2021	Mobile Device								55.00		6404 1010	516108		Mobile Device Cha
	Home Office Internet								70.00					Office/Operating S
							Sub-Total		\$ 125.00					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals*	Registration /Event Ticket *	General Expenses *	Total					
Date (DD/MM/YY)														
									-					

	City of			(Council Me	mber Monthl	ly Expens	se Claim F	orm					_	
St	Albert												Select From		
	Cultivate Life												List	1	
													Do not enter in		
													"Grey" cells	1	
		1								1			1		
Name:	Councillor Joly							Date Submitted	12-04-2	1	Month	March	Year	20:	21
Expenses Paid D	Directly 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 P	colicy C-CC-03 Council Remuneration and Expense	Reimbursement for detailed provision	s of allowable expenses**											•	_
Detailed receip	ts must be provided for all expenses. Credit Card slip	os are NOT an acceptable form of receipt.													
	may be claimed without a receipt up to \$15. Clearly in									Grand T		enses sterCard			\$ 3,300.00
4. For meal exper	eage chart is available for use. All kilometers are base uses, the event/description section should clearly indic	cate the nature of the meeting and indicat	e the # of people in attenda							Less: E					\$ - \$ -
5. It is recommen	ded to claim mileage based on the standard mileage of	chart. If you choose to claim specific mile						B)					loly		\$ 3,300.00
	s must be submitted within 10 days of the following mannerse claims will not be processed	onin								ivet to b	e paid to	o: Councillor	July		\$ 3,300.00
Training and Dev	velopment Activities		-												-
Date of Activity	Description of Activity Content and any learning/info	ormation worth sharing													4
2021-03-0	3 AHS COVID-19 Community Conversation														4
2021-03-0	5 Elected Women Supporting One Another														4
2021-03-1	2 Council Offsite Levy Workshop														_
Board, Committee	e, Agency meetings attended (Includes both Coun	ncil appointed and other approved com	mittees)												
Date of Meeting	Board, Committee, Agency Name	Updates													-
2021-02 0	1 Council Meeting														
2021-03-0															1
2021-03-0	2 Homeland Housing														4
2021-03-0	2 Agenda Planning														
															1
11	4 Homeland Housing - Strategic Planning	1													1

St	Cayof Calavate Life	Council Member Monthly Expense Claim Form	Select List Do no enter i "Grey"	1	
Name:	Councillor Joly	Date Submitted 12-04-21 Month	March Year	2021	
2021-03-08	CLSC				
2021-03-08	CGISC Homeland Housing - meeting with CEO				
	Agenda Planning				
	ESAB Meeting with Council				
	Council/OIC/Policing Committee Meeting Council Meeting				
	Homeland Housing				-
	Special Council Meeting Artd Development Advisory Committee				
2021-03-25	Homeland Housing - Board Meeting				
2021-03-30	Homeland Housing				
]

SENLIBERT Name: Councillor Joly	Council Member Monthly Expense Claim Form Date Submitted 12-04-21 Month March	Select From List Do not enter in "Crey" cells Year 2021
Authorizations & Approvals	Councillor Joly	March 2021
Preparer If dam from 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 ti	me of submission. 12-04-21 Date (DONMYYY)	
Council Member Lordify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by another individual. All applicable receipts have been attached. Matchild Dept. 2004 1214 MIDT]	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	
Council Member's Signature	Date (DD/MMYY)	
Accounts Psyable I have reviewed this claim for mathematical accuracy and documentation support. Darcie Libe Parsons Dancies Paracons (pp. 12, 2021 1328 MDT) Accounts Psyable Personnel Signature	Date (DDMMYY)	
		1
Chief Financial Officer I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provid Diana McMordio Diana (McMordio Diana (McMordio Diana (McMordio Chief Financial Officer Signature	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
		_
Chief Administrative Officer (City Manager) I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provid ACL As Co.	ed 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 - F00/2021/3 - March\Joly\{Joly - Council Expense Claim xism Claim Form		