



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 12/02/21 Month: January Year: 2021

General Council Related Business		In-Region Mileage Claim based on Chart				Out-of-Region Mileage Claim Use In-Region specific mileage				Other Expenses *										GL Coding	
Date (DDMMYY)	Nature of Event/Meeting	From	To	One Way Return	Mileage Claim km's (From Chart)	From	To	One Way Return	Mileage Claim km's (From Chart)	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration (Event Ticket)	General Expenses *	Total	ACCT	Cost Ctr	Project CAT 4	
								CAT 2		1220	1220	1225	1226	1221	1222	1222	-			A10 General Council Business	
										-							-			A10 General Council Business	
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
Sub-Total																	\$	-			

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 classes)				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 (DDMMYY)	Nature of Event/Meeting	From	To					From	To	CAT1			1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project CAT4	
													-							-				
													-							-				
													-							-				
													-							-				
													-							-				
													-							-				
													-							-				
Sub-Total																				3	-			



Council Member Monthly Expense Claim Form

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Name: Councillor Joly

Date Submitted: 12/02/21

Month: January Year: 2021

AUMA or FCW 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 special 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 (DDMMYY)	Nature of Event/Meeting	From	To			From	To	CAT1		1221	1221	1222	1226	1227	1228	1224		ACCT	Cost Ctr	Project	CAT2
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 special 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 (DDMMYY)	Nature of Event/Meeting	From	To			From	To	CAT1		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: Councillor Joly

Date Submitted: 12/02/21 Month: January 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	Project CAT 7	Expense Type
Date (DDMMYY)	Detailed Description					
06/01/2019	Mobile Device	\$5.00	6404	1010	\$16108	N/A Mobile Device Charge
			6404			Office/Operating Supp

Sub-Total \$ 55.00

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

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 12/02/21

Month: January Year: 2021

Expenses Paid Directly by the City (e.g. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration (Event Ticket)	General Expenses *	Total
Date (DDMMYY)								
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

- Claim Reminders:
* See Council Policy (CCG43) Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**
** Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
3. Meals: parking may be claimed without a receipt up to \$15. Clearly indicate (if any) in the nature of 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 details 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	\$ 55.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Joly	\$ 55.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
Panel Discussion	January 20 - Panel discussion re: Renaming and Removal Public Memory in Public Spaces	
Indigenous Canada Course	Completed Indigenous Canada course (https://www.uofr.ca/admission/programs/indigenous-studies/indigenous-canada/index.html)	
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)		
Board, Committee, Agency Name	Date of Meeting	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	
01/15/2021	Homeland- Paperwork re Chair responsibilities	
01/18/2021	CLRC	
01/18/2021	CSEBC	
01/19/2021	Agenda Planning	
01/19/2021	St. Albert Housing Association	
01/21/2021	Homeland- Paperwork re Chair responsibilities	
01/25/2021	Council Meeting	
01/26/2021	Agenda Planning	
01/26/2021	Homeland- Meeting with CEO & Vice Chair	



Council Member Monthly Expense Claim Form

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Name: Councillor Joly

Date Submitted 12/02/21

Month January Year 2021

01/27/2021	ADAC Meeting	
01/28/2021	Honigland- Board Meeting	
01/28/2021	EMAC	
01/28/2021	Honigland- Paperwork re Chair responsibilities	



Council Member Monthly Expense Claim Form



Name: Councillor Joly

Date Submitted: 12/02/21 Month: January Year: 2021

Authorizations & Approvals Councillor Joly 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.
Raylene Lafreze
Preparer's Signature 12/02/21
Date (DDMMYY)

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.
Natavie Joly
Council Member's Signature 12/02/21 14:43
Date (DDMMYY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Danielle Parsons
Accounts Payable Personal Signature 12/02/21 12:21
Date (DDMMYY)

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-CO-03 Council Remuneration and Expense Reimbursement.
Diane McMordie
Chief Financial Officer Signature 12/02/21 14:43
Date (DDMMYY)

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-CO-03 Council Remuneration and Expense Reimbursement.
Joelle Sade
City Manager Signature 12/02/21
Date (DDMMYY)



Council Member Monthly Expense Claim Form

Select From List

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Name: Councillor Joly

Date Submitted 08-03-21 Month February Year 2021

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 *	Commerce 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

Select From List
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Name: Councillor Joly

Date Submitted 08-03-21 Month February Year 2021

Operating Supplies/Telephone/Internet/Sponsorships			Total	GL Coding			
Date (DD/MM/YY)	Detailed Description	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
01/02/2021	Mobile Device		55.00		6404 1010	516108 N/A	Mobile Device Charge
17/02/2021	Home Office Internet		18.81		6404 1010	516108 N/A	Office/Operating Supp

Sub-Total \$ 73.81

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: Councillor Joly

Date Submitted 08-03-21 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/YY)								
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

- Claim Reminders:**
** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
 - Meter 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 people in attendance. The full names of the participants should be listed on the back of the receipt.
 - 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)
 - Expense claims must be submitted within 10 days of the following month
 - Incomplete expense claims will not be processed

Grand Total Expenses	\$ 73.81
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Joly	\$ 73.81

Training and Development Activities		
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing	
2021-02-22	Council Retreat	
2021-02-23	Council Retreat	
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)		
Date	Meeting	Updates
01/02/2021	Committee of the Whole	
01/02/2021	Council Meeting	
02/02/2021	Agenda Planning	
04/02/2021	Special Council Meeting	
08/02/2021	CLSC	



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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	

Authorizations & Approvals	Councillor Joly	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 Shouls Preparer's Signature 08-03-21 Date (DD/MM/YYYY)			
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. <u>Natalie Joly</u> Natalie Joly (Dep. 14, 2017-16-01 WOT) Council Member's Signature Date (DD/MM/YYYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. <u>Danielle Parsons</u> Danielle Parsons (Dep. 18, 2013-19-08 HCV) Accounts Payable Personnel Signature Date (DD/MM/YYYY)			
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 <u>Diane McMordie</u> Diane McMordie (Dep. 15, 2011-15-08 WOT) Chief Financial Officer Signature Date (DD/MM/YYYY)			
Chief Administrative Officer (City Manager)			



Council Member Monthly Expense Claim Form


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Name:

Date Submitted

Month Year

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)

1 of 6



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 12-04-21 Month March Year 2021

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 *	Commerence 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 \$ -

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

Select From List

Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 12-04-21

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
Date (DD/MM/YY)	Detailed Description						
03/01/2021	Mobile Device		55.00		6404 1010	516108 N/A	Mobile Device Charge
03/17/2021	Home Office Internet		70.00		6404 1010	516108 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 Joly

Date Submitted 12-04-21 Month March 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/YY)								
								-
								-
								-
								-
								-
								-
								-

Claim Reminders: Sub-Total \$ -

** 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	\$ 3,300.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Joly	\$ 3,300.00

Training and Development Activities		
Date of Activity	Description of Activity Content and any learning/information worth sharing	
2021-03-03	AHS COVID-19 Community Conversation	
2021-03-05	Elected Women Supporting One Another	
2021-03-12	Council Offsite Levy Workshop	
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)		
Date of Meeting	Board, Committee, Agency Name	Updates
2021-03-01	Council Meeting	
2021-03-02	Homeland Housing	
2021-03-02	Agenda Planning	
2021-03-04	Homeland Housing - Strategic Planning	



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Name:

Date Submitted

Month Year

2021-03-08	CLSC	
2021-03-08	CGISC	
2021-03-09	Homeland Housing - meeting with CEO	
2021-03-09	Agenda Planning	
2021-03-10	ESAB Meeting with Council	
2021-03-11	Council/OIC/Policing Committee Meeting	
2021-03-15	Council Meeting	
2021-03-17	Homeland Housing	
2021-03-22	Special Council Meeting	
2021-03-24	Artd Development Advisory Committee	
2021-03-25	Homeland Housing - Board Meeting	
2021-03-30	Homeland Housing	


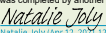





Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted Month Year

Authorizations & Approvals	Councillor Joly	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. <div><div></div><div><input type="text" value="12-04-21"/></div></div> <div>Preparer's SignatureDate (DD/MM/YY)</div>			
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. <div><div></div><div><input type="text" value="12-14-2021"/></div></div> <div>Council Member's SignatureDate (DD/MM/YY)</div>			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. <div><div></div><div><input type="text" value="12-28-2021"/></div></div> <div>Accounts Payable Personnel SignatureDate (DD/MM/YY)</div>			
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. <div><div></div><div><input type="text" value="12-28-2021"/></div></div> <div>Chief Financial Officer SignatureDate (DD/MM/YY)</div>			
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. <div><div></div><div><input type="text" value="12-28-2021"/></div></div> <div>City Manager SignatureDate (DD/MM/YY)</div>			