





Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 11-02-21 Month: January 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 *	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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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: Mayor Heron

Date Submitted: 11-02-21 Month: January Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	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)					
21-01-21	Telus Mobility - Mobile Device Charges	55.00	6404	1010	516112	N/A Mobile Device Charge
01-01-19	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404	1010	516112	N/A Office/Operating Supp

Sub-Total \$ 78.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
07/01/2021	Emerald Documentary Series Premiere donation					10.00		10.00
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-



Council Member Monthly Expense Claim Form

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Name:

Mayor Heron

Date Submitted

11-02-21

Month

January

Year

2021

Sub-Total

\$ 10.00



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Name: Mayor Heron

Date Submitted: 11-02-21 Month: January 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\*\***
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	\$	88.00
Less: BMO MasterCard	-\$	10.00
Less: Expenses Paid	\$	-
Net to be paid to Mayor Heron	\$	78.00

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

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Board, Committee, Agency Name	Updates
01/05/2021	Agenda Planning	
01/06/2021	Mid-Sized Cities Mayors' Caucus	
01/11/2021	Council Meeting	
01/12/2021	Agenda Planning	
01/14/2021	EMRB Special Meeting	



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Name: Mayor Heron

Date Submitted 11-02-21

Month January Year 2021

01/18/2021	CLSC	
01/18/2021	CGISC	
01/19/2021	Agenda Planning	
01/19/2021	St. Albert Housing Association Meeting	
01/20/2021	COVID-19 Recovery Task Force	
01/25/2021	Council Meeting	
01/26/2021	Agenda Planning	
01/26/2021	Policing Committee	
01/28/2021	EAC Meeting	
01/29/2021	EMAC Meeting	
01/29/2021	Internal Audit Steering Committee	



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Name: Mayor Heron

Date Submitted: 11-02-21 Month: January Year: 2021

Authorizations & Approvals Mayor Heron 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 \_\_\_\_\_ 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. 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.

C. Heron  
 Cathy Heron (Feb 11, 2021 10:53 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 11, 2021 10:55 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 11, 2021 12:36 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)







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Name: Mayor Heron

Date Submitted: 09-03-21 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 *	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	
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			

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	
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			

Sub-Total \$ -



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Name: Mayor Heron

Date Submitted: 09-03-21

Month: February Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	ACCT	Cost Ctr	Projec
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)					
Date (DD/MM/YY)	Detailed Description				
21-02-21	Telus Mobility - Mobile Device Charges	55.00		6404 1010	516112
01-02-21	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00		6404 1010	516112

Sub-Total \$ 78.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
02/11/2021	Kaleo Collective - Event Registration/Donation					100.00		100.00
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 100.00



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Name: Mayor Heron

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/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	\$ 178.00
Less: BMO MasterCard	-\$ 100.00
Less: Expenses Paid	\$ -
<b>Net to be paid to: Mayor Heron</b>	<b>\$ 78.00</b>

Training and Development Activities	
Date	Description of Activity Content and any learning/information worth sharing
02/23/2021	Council Strategic Planning

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Board, Committee, Agency Name	Updates
02/01/2021	Committee of the Whole	
02/01/2021	Regular Council Meeting	
02/02/2021	Agenda Planning	
02/03/2021	Recovery Task Force Meeting	
02/03/2021	Mid-Sized Cities Mayor's Caucus	
02/04/2021	Special Council Meeting	
02/08/2021	Community Living Standing Committee	
02/09/2021	Agenda Planning	
02/16/2021	Regular Council Meeting	
02/23/2021	Agenda Planning	
02/24/2024	St. Albert - Sturgeon County Intermunicipal Affairs Committee	



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Month February Year 2021

02/26/2021	Recovery Task Force - Strategic Envisioning Meeting	



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Name: Mayor Heron

Date Submitted 09-03-21

Month February Year 2021

Authorizations & Approvals

Mayor Heron

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.

Rayann Laforce (Mar 9, 2021 14:08 MST)
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.

Cathy Heron (Mar 9, 2021 17:24 MST)
Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Lynda Lavallee (Mar 10, 2021 07:58 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 (Mar 10, 2021 12:09 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

City Manager Signature

Date (DD/MM/YY)





Council Member Monthly Expense Claim Form

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Name: Mayor Heron

Date Submitted 04/12/2021

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 *	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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
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: Mayor Heron

Date Submitted 04/12/2021

Month March Year 2021




Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 04/12/2021

Month March Year 2021

Authorizations & Approvals Mayor Heron 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.

*Rayann Lalorice*  
Rayann Lalorice (Apr 12, 2021 15:58 MDT)  
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.

*Cathy Heron*  
Cathy Heron (Apr 13, 2021 17:15 MDT)  
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 (Apr 14, 2021 08:00 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*  
Diane McMordie (Apr 14, 2021 09:53 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

*Fernando*  
City Manager Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_