



Select From List Do not enter in "Grey" cells

2021

Name: Mayor Heron

Date Submitted 11-02-21 Month January Year

General Council R	Related Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	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 CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То					CAT7_		12			5 1226	1221	1222	1222	!	ACCT	CAT 2 Cost Ctr Project	
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage Cl	aim based on Chart	One Way /Return Chart)	n <u>Out-of-Region Mileag</u> specific	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		G	L Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From		CAT7_		1221			1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CAT4	
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"Grey" cells

Name:

Mayor Heron

Date Submitted

Month

11-02-21

January Year

2021

AUMA or FCM Convention or Board Expenses	In-Region Mileage Cl		One Way		ge Claim (or In-Region, mileage)	One Way /Return		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	7 1225	1224	1	ACCT	CAT 2 Cost Ctr Project	
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Sub-Total

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Office of the Mayor (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)		e Claim (or In-Region, mileage)	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY) Nature of Event/Meeting	From	То		ı	From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CA	AT4
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Sub-Total

\$ -

Council	Member	Monthly	Expense	Claim	Form
Council	MELLINEL	IVIOLITIII	ryhense	Ciaiiii	I OIII



Select From List Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 11-02-21 Month January Year 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	CAT Cost Ctr Proje		Expense Type
21-01-21	Telus Mobility - Mobile Device Charges		55.00	6404	1010 51611	12 N/A	Mobile Device Charge
	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)		23.00	6404	1010 51611	12 N/A	Office/Operating Supr

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	<u> </u>	10.00
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Select From List Do not enter in "Grey" cells

Name:

Mayor Heron

Date Submitted

Month

11-02-21

January Year

Sub-Total \$ 10.00

2021

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Select From List Do not enter in "Grey" cells

					1		
Name:	Mayor Heron	Date Submitted	11-02-21	January	Year	2021	

Expenses Paid Dir	ectly 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 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 78.00 Net to be paid to Mayor Heron

Sub-Total

Ti-i 1 D	velopment Activities	
Training and Dev	velopment Activities	
Date	Description of Activity Content and any lear	rning/information worth sharing
Board, Committe	ee, Agency meetings attended (Includes bo	th Council appointed and other approved committees)
Date of Meeting	Board, Committee, Agency Name	Updates
01/05/2021	Agenda Planning	
	T .	
01/06/2021	Mid-Sized Cities Mayors' Caucus	
01/11/2021	Council Meeting	
01/12/2021	Agenda Planning	
01/14/2021	EMRB Special Meeting	



From List Do not enter in
"Grey" cells

Mayor Heron	Date Submitted 11-02-21 Month	January	Year	202
0100				
CLSC				
CGISC				
Agenda Planning				
St. Albert Housing Association Meeting				
COVID-19 Recovery Task Force				
Council Meeting				
Agenda Planning				
Policing Committee				
EAC Meeting				
EMAC Meeting				
Internal Audit Steering Committee				
	CLSC CGISC Agenda Planning St. Albert Housing Association Meeting COVID-19 Recovery Task Force Council Meeting Agenda Planning Policing Committee EAC Meeting EMAC Meeting	CLSC CGISC Agenda Planning St. Albert Housing Association Meeting COVID-19 Recovery Task Force Council Meeting Agenda Planning Policing Committee EAC Meeting EMAC Meeting	CGISC Agenda Planning St. Albert Housing Association Meeting COVID-19 Recovery Task Force Council Meeting Agenda Planning Policing Committee EAC Meeting EMAC Meeting	CLSC CGISC Agenda Planning St. Albert Housing Association Meeting COVID-19 Recovery Task Force Council Meeting Agenda Planning Policing Committee EAC Meeting EMAC Meeting



Select From List Do not enter in "Grey" cells

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	ne time of submission.			
Christina Shoults Preparer's Signature	11-02-21 Date (DD/MM/YY)			
Council Member		ile of the plains are if the forms		
was completed by another individual. All applicable receipts have been attached.	ty of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the deta	alls of the claim even if the form		
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 pro	ovided 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)			
			1	
Chief Administrative Officer (City Manager)				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation produced the second of the second o	ovided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
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Select From List

Do not enter in
"Grey" cells

Name:

Mayor Heron

Date Submitted

09-03-21 Month

February Year

2021

General Council Re	elated Business	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim km's (From Chart)		ge Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Codir
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220			1226	1221	1222	1222	!	ACCT	GL Codin CA Cost Ctr Proj
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Professional Deve	•	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)		ge Claim (or In-Region, mileage)	One Way	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GI	_ Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	7 1225	5 1224	1	ACCT	Cost Ctr	CAT 2 Projec
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Select From List

Do not enter in
"Grey" cells

Name: Mayor Heron

Date Submitted

Month

09-03-21

February Year

2021

AUMA or FCM C	Convention or Board Expenses	In-Region Mileage Cla	laim based on Chart	One Way	Mileage y Claim (From Chart)	Out-of-Region Milea	age Claim (or In-Region,				Other Transportation & Parking *	& Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *		Total		C	GL Coding
Date (DD/MM/YY	Nature of Event/Meeting	From	То			From		CAT7_		1221			2 1226	6 1227	7 1225	.5 1224	4	ACCT	Cost Ct	CAT 2 ctr Project
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Sub-Total \$ -

Office	of the Mayo	r (Official Events & Duties)	In-Region Mileage CI	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)			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) 122	5 1226	122	1 1222	1222		ACCT	Cost Ctr CAT3
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Select From List

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Name: Mayor Heron

Date Submitted 09-03-21 Month February Year 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	L Coding
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT
21-02-21	Telus Mobility - Mobile Device Charges		55.00		6404 1010	516112
	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)								
	Kaleo Collective - Event Registration/Donation					100.00		100.00
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Sub-Total \$ 100.00



Select From Do not enter in "Grey" cells

Name:	Mayor Heron	Date Submitted	09-03-21	February	Year	2021	
					-		

Expenses Paid Dir	ectly 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 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.
- 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	\$	178.00
Less: BMO MasterCard	-\$	100.00
Less: Expenses Paid	\$	-
Net to be paid to: Mayor Heron	\$	78.00
	· · · · · · · · · · · · · · · · · · ·	

\$ -

Sub-Total

Training and Deve	elopment Activities	
Date	Description of Activity Content and any learning/infor	mation worth sharing
02/23/2021	Council Strategic Planning	
D 0	Agency meetings attended (Includes both Coun-	
Board, Committee	Agency meetings attended (includes both Coun-	ni 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	
OL/OL/LOL 1	7 gorida i tarrinig	
02/03/2021	Recovery Task Force Meeting	
02/03/2021	Mid-Sized Cities Mayor's Caucus	
02/04/2021	Special Council Meeting	
02/04/2021	Special Council Meeting	
02/08/2021	Community Living Standing Committee	
02/09/2021	Agenda Planning	
00/40/0004	Regular Council Meeting	
02/16/2021	Regular Council Meeting	
02/23/2021	Agenda Planning	
	St. Albert - Sturgeon County Intermunicipal Affairs	
02/24/2024	Committee	



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Name:	Mayor Heron	Date Submitted 09-03-21 Month February Year	2021
02/26/2021	Recovery Task Force - Strategic Envisioning Meeting		



Select From List

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"Grey" cells

Name: Mayor Heron Date Submitted 09-03-21 Month February Year 2021

Authorizations & Approvals		Mayor Heron	February
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 Rayann Laforce (Mar 9, 2021 14:08 MST) Preparer's Signature	ill Member at the time of submission. Date (DD/MM/YY)	_	
Council Member I certify that the expenditures claimed on this form were incurred while conducting business on twas completed by another individual. All applicable receipts have been attached. Cathorn Cathorn (Mar 9, 2021 17:24 MST)	ehalf of the City of St. Albert. I understand th	at 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/MM/YY)		
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Lynda Lavallee 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 doc Diane McMordie Diane McMordie (Mar 10, 2021 12:09 MST)	rumentation provided are in accordance with C	Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
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 doc	rumentation provided are in accordance with C	Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
City Manager Signature	Date (DD/MM/YY)		

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



Select From List

Do not enter in "Grey"
cells

Name: Mayor Heron

Date Submitted 04/12/2021

Month March

2021

General Council R	elated Business	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	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 Codin	1
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	2 1222	!	ACCT	CAT Cost Ctr Proje	
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Professional Dev	elopment	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	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		ACCT	CAT 2 Cost Ctr Project CAT4
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Do not enter in "Grey"
cells

Name:

Mayor Heron

Date Submitted 04/12/2021

Month March

2021

AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cla		One Way	Mileage Claim (From Chart)			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	1 1222	1226	1227	1225	1224	1	ACCT	CAT Cost Ctr Project	2 ct CAT4
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Sub-Total

\$ -

Office of the May	or (Official Events & Duties)	In-Region Mileage Cla					One Way	Claim-		Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Codin	9	
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

\$ -



Select From List

Do not enter in "Grey"
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Name: Mayor Heron

Date Submitted 04/12/2021

Month March

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	Cost Ctr	CAT 2 Project CAT	Expens 7 Type	e
21-03-21	1 Telus Mobility - Mobile Device Charges		55.00		6404 1010	516112 N	/A Mobile	Device Charge:
01-03-21	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)		23.00		6404 1010	516112 N	/A Office/0	Operating Supp

Sub-Total \$ 78.00

Sub-Total \$ 150.00



Select From Do not enter in "Grey" cells

Name:	Mayor Heron	Date Submitted	04/12/2021

Expenses Paid Dir	rectly 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 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	\$	228.00
Less: BMO MasterCard	-\$	150.00
Less: Expenses Paid	\$	-
Net to be paid to Mayor Heron	\$	78.00

\$ -

Sub-Total

Training and Dev	velopment Activities	
Date	Description of Activity Content and any learning/infor	remains worth sharing
Date	Description of Activity Content and any learning/info	INDUM INVOLUTION IN THE PROPERTY OF THE PROPER
Board, Committee	ee, Agency meetings attended (Includes both Coun	cil appointed and other approved committees)
	L	
Date of Meeting	Board, Committee, Agency Name	Updates
03/01/2021	Regular Council Meeting	
00/01/2021	regular oddror moderg	
03/02/2021	Agenda Planning	
03/03/2021	Recovery Task Force Meeting	
03/03/2021	Mid-Sized Cities Mayors' Caucus	
03/03/2021	Mid-Sized Cities Mayors Caucus	
03/04/2021	SISB Task Force Meeting	
03/05/2021	EMRB Special Board Meeting	
03/08/2021	Community Living Standing Committee Meeting	
03/06/2021	Community Growth & Infrastructure Standing	
03/08/2021	Committee	
03/09/2021	Recovery Task Force Meeting	
00/00/0004		
03/09/2021	Agenda Planning	
03/10/2021	Annual ESAB Meeting with Council	
	Y	
03/11/2021	Council / OIC / Policing Committee Meeting	
03/15/2021	Regular Council Meeting	
03/22/2021	Special City Council Meeting	
03/24/2021	Recovery Task Force Meeting	
03/26/2021	Special Board Meeting - Board Charter and Policies	
03/31/2021	Mid-Sized Cities' Mayors Caucus	
03/3/1/2021	Iniu-Sizeu Cities mayors Caucus	

St	Albert Califyae Life	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



Select From List

Do not enter in "Grey"
cells

Name:

Mayor Heron

Date Submitted 04/12/2021

Month

farch Yes

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 Laforce (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 was completed by another individual. All applicable receipts have been attached. Cathylteron (Apr 13, 2021 17:15 MDT)	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/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 Diane McMorvice	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
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 statement am satisfied that the expenses listed and the information and documentation provided for the statement of the s	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
			,	
C:\Users\rlloyd\Desktop\Council Expense Claims\Monthly Expense Claims\Mayor\March\[March - Mayor - Council Expense Claims\Monthly Expense	expense Claim (1).xlsm]Claim Form			—