

Select From List Do not enter in "Grey" cells

lame:	Councillor Brodhead

Date Submitted 04-05-21 Month April Year 2021

ieneral Council I	Related Business	In-Region Mileage Cl		One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	ge 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
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	n To CAT7			1220	1220	1225	1226	122	1 1222	1222		ACCT Cost Ctr Project CAT4
										_								
																	_	

Professional Dev	·	In-Region Mileage	Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	ge Claim (or In-Region, mileage)	One Way	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket G	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
									-							-		
									-							-		
									-							-		
									-							-		

Sub-Total	\$ -



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 04-05-21

Month April 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 Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	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_		1221	1221	1222	1226	1227	1225	5 1224	1	ACCT	CAT 2 Cost Ctr Project	CAT4	
																				A8 AUMA	
																	_				
										_							_	-			
																		-			

Sub-Total \$ -

Off	ice of the Mayo	or (Official Events & Duties)	In-Region Mileage (Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region, mileage)	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Ge * Ex	eneral xpenses *	Total		GL Coding	J	
Dat	e (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4	
											_							_				
																		-				
											-							-	1			
H											-							-				
											-							-				



Select From List Do not enter in "Grey" cells

Name:	Councillor Brodhead

Date Submitted 04-05-21 Month April Year

Operating Suppli	ies/Telephone/Internet/Sponsorships	Total		GL Coding						
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 r Project 0		Expense Type		
25-04-2	1 Bell Mobility - Office Mobile		55.00		6404 1010	516104	N/A	Mobile Device Cha		
18-04-2	1 Shaw - Home Office Internet		70.00		6404 1010	516104	N/A	Office/Operating S		
				1						

Sub-Total \$ 125.00

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





Name:	Councillor Brodhead	Date Submitted	04-05-21]	Month	April	Year	2021
Expenses Paid D	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
								_
								-
								-
								_
								_
								_
								_
				-	-	-	-	

- 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 Brodhead	\$ 125.00

Sub-Total

Training and Dev	velopment Activities	
Activity Name	Description of Activity Content and any learning/int	formation worth sharing
10/01/19-11/01/19	Council Retreat	
Board, Committe	e, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)
Date	Meeting	Updates
06/04/2021	Council Meeting	
07/04/2021	EMTSC	
08/04/2021	EMTSC	
09/04/2021	EMTSC	
00/0 1/2021	Limit Go	
09/04/2021	Internal Audit Steering Committee	
12/04/2021	EMTSC	



s

Name:	Councillor Brodhead	Date Submitted	04-05-	21 Mo	nth	April	Year	202
12/04/2021	CGISC							
14/04/2021	EMTSC							
19/04/2021	Council Meeting							
22/04/2021	EMTSC							
23/04/2021	Edmonton Salutes							
23/04/2021	EMTSC							
26/04/2021	EMTSC							
28/04/2021	EMTSC							
30/04/2021	CUTA							
						·		





Name: Councillor Brodhead

Date Submitted 04-05-21 Month April Year 202

Authorizations & Approvals		Councillor Brodhead	April	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 Mer Preparer's Signature	nber at the time of submission. 04-05-21 Date (DD/MMYY)			
Council Member	of the City of St. Albert . Lundamtand	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. Wes Brodhead Wes Brodhead (May 10, 2021 09:14 MDT)	May 10, 2021	unat submittuing a naturulent damin's a very serious matter. Trumerstand unat ham solely responsible for the details of the damin even if the form		
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable Accounts Payable Leave reviewed this claim for mathematical accuracy and documentation support.	W 10 0001			
Lynda Lavallee Lynda Lavallee (May 10, 2021 10:11 MDT)	May 10, 2021			
Accounts Payable Personnel Signature	Date (DD/MM/YY)			
			1	
Chief Financial Officer				
I have reviewed this claim and am satisfied that the expenses listed and the information and documer	tation provided are in accordance wit	n Council policy C-CC-03 Council Remuneration and Expense Reimbursement		
Diane McMordie Diane McMordie (May 10, 2021 11:14 MDT)	May 10, 2021			
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 documen	station provided are in accordance wit	1 Council policy C-CC-03 Council Remuneration and Expense Reimbursement		
fer Solle	May 13, 2021			
City Manager Signature	Date (DD/MM/YY)			
			•	

P:\Mayor's Office\Expenses - F00\2021\4 - April\Brodhead\[Brodhead - Council Expense Claim.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

lame:	Councillor Brodhead
arric.	Councillor Diodricad

Date Submitted 08-06-21 Month May Year

2021	

General Council I	Related Business	In-Region Mileage Cla	aim based on Chart	Mileage Claim km's One Way (From /Return Chart)		Out-of-Region Mileage 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 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 C	AT4
																	_			
																		1		
										-							_	1		
										_							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
																	-			

Professional Dev	elopment	In-Region Mileage C		One Way		ge Claim (or In-Region,	One Way	Claim-	Amount @	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_		1221	1221	1222	1226	122	7 1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
									-							-	1	
									-							-	-	
									-							-		

Sub-Total	\$ -



Select From List Do not enter in "Grey" cells

Date Submitted

08-06-21

May May

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 Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total	GL Codin	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	122	1 1222	1226	1227	1225	1224		ACCT Cost Ctr Proje	Γ2 ect CAT4
																			A8 AUMA
										-							-		
										-		+					-		
										-		1					-		
										-							-		

Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl			Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	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		From	То	CAT7_		1220	122	0 1225	1226	1221	1 1222	2 1222	2	ACCT Cost Ctr CAT3 CAT4
																_	



Select From List Do not enter in "Grey" cells

Name:	Councillor Brodhead

Date Submitted 08-06-21 Month May Year 2021

Operating Suppli	pplies/Telephone/Internet/Sponsorships Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-C	21 Council Sponsorship) Total	G	SL Coding	
Date (DD/MM/YY)	YY) Detailed Description		ACCT Cost Ct	CAT 2 r Project CAT7	Expense Type
25-05-2	5-21 Bell Mobility - Office Mobile	55.00	6404 1010	516104 N/A	Mobile Device Charg
18-05-2	5-21 Shaw - Home Office Internet	70.00	6404 1010	516104 N/A	Office/Operating Su

Sub-Total \$ 125.00

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



Do not enter in

Name:	Councillor Brodhead	Date Submitted	08-06-21		Month	May	Year	2021
Expenses Paid D	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)							_	
								-
								_
								-
								_
								_
								-
								_
		•	•	•	•	•	•	

- 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 Less: BMO MasterCard Less: Expenses Paid	\$ \$ \$	125.00
Net to be paid to Councillor Brodhead	\$	125.00

Sub-Total

T	-1	
Training and De	velopment Activities	
Date	Description of Activity Content and any learning/inf	ormation worth sharing
10/05/2021	Council 10 Year Growth Workshop	
Board Committe	ee, Agency meetings attended (Includes both Cou	noil appointed and other approved committees)
Doard, Committee	Her Agency meetings attended (includes both could	non appointed and other approved committees)
Date	Meeting	Updates
03/05/2021	Council Meeting	
05/05/2021	EMTSC	
07/05/2021	EMTSC	
10/05/2021	CUTA Spring Summit & AGM	
11/05/2021	EMTSC	
11/05/2021	Annual Chamber of Commerce meeting with Council	



Select From List
Do not enter in "Grey" cells

ivanie.	Councillor brodriead	Date Submitted 08-06-21	Month	may	rear	2021
11/05/2021	CUTA Spring Summit & AGM					
12/05/2021	EMTSC					
12/05/2021	EMISC					
12/05/2021	EMTSC					
13/05/2021	EMRB Audit & Finance Committee					
17/05/2021	Council Meeting					
19/05/2021	EMTSC					
20/05/2021	CUTA					
20/05/2021	EMTSC					
20/05/2021	Annual Library Board meeting with Council					
21/05/2021	EMTSC					
25/05/2021	Public Engagement Session					
27/05/2021	EMTSC					
27/05/2021	Public Engagement Session					
28/05/2021	Edmonton Salutes					
28/05/2021	EMTSC					
29/05/2021	Public Engagement Session					
31/05/2021	FCM					
31/05/2021	Council Meeting					



Name:

Councillor Brodhead

Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

Date Submitted

08-06-21

nth May

2021

Authorizations & Approvals		Councillor Brodhead	May	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 Preparer's Signature	time of submission.			
Council Member				
certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City was completed by another individual. All applicable receipts have been attached. Wes Brodhead (Jun 8, 2021 18:09 MDT)	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		
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Lynda Lavallee Lynda Lavallee (Jun 9, 2021 07:57 MDT)	Jun 9, 2021			
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 prov Diane McMordie				
Diane McMordie (Jun 9, 2021 09:08 MDT)	Jun 9, 2021			
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 prov	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
fendolle	Jun 11, 2021			
City Manager Signature	Date (DD/MM/YY)			
			ı	

P:\Mayor's Office\Expenses - F00\2021\5 - May\Brodhead\[Brodhead - Council Expense Claim.xlsm]Claim Form

SE	Albert Contract Late						Council Me	mber M	Monthly	Expens	e Claim Fo	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor Brodhead]									Date Submitted	06-07-21]	Month	June	Year	2021			
General Council F	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			From	То	CAT7_		1220	1220	1225	1226					ACCT	CAT 2 Cost Ctr Project	CAT4
	_																			
										-										
													_	-						
										-										
										-										
										-										
										-							-			
										-										
															Sub-Total		\$ -			
Professional Development		In-Region Mileage Cla	aim based on Chart	One Way /Return	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*		or Course Registration	urse			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	CAT 2 Cost Ctr Project	CAT4
										-							-			
									-	-			_	-			-			

\$ -

SAUGENT COMMENT							Council Me	mber M	Monthly	Expens	e Claim Fo	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor Brodhead										Date Submitted	06-07-21]	Month	June	Year	200	21		
AUMA or FCM Co.	nvention or Board Expenses	In-Region Mileage Cla	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*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding CAT	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	122	5 1224		ACCT	Cost Ctr Projec	CAT4
																				A8 AUMA
																		1		
										-						_	_	+		
										-						_		+		
Office of the Mayo	or (Official Events & Dutles)			One Way	Mileage Claim (From	Out-of-Region Mileag	e Claim (or In-Region,	One Way	Mileage Claim-	Mileage Amount @	Other Transportation & Parking *				Sub-Total Registration	General	\$ -			
		In-Region Mileage Cla	aim based on Chart	/Return	Chart)	specific	mileage)	/Return	Specific	0.505/km	& Parking *	Accommodations *	Airfare*	Meals *	•	Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	122	2 1222		ACCT	Cost Ctr CAT3	CAT4
										-										
										_										
																		1		
																		1		
										-										

Sŧ	Mbert Calevate Life	Council Member Monthly Expen	se Claim Fo	orm				Select From List Do not enter in "Grey" cells						
Name:	Councillor Brodhead		Date Submitted	06-07-21		Month	June	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		(L Coding CAT 2		
Date (DD/MM/YY)	Detailed Description									ACCT	Cost C	CAT 2 r Project CAT:	Expense Type	
25-06-21	Bell Mobility - Office Mobile								55.00		6404 1010	516104 N	A Mobile Dev	vice Charge
18-06-21	Shaw - Home Office Internet								70.00		6404 1010	516104 N	A Office/Ope	erating Supr
							Sub-Total		\$ 125.00					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total					
Date (DD/MM/YY)														
06/02/2021	Edmonton Chamber Golf Tournament registration						235.00		235.00					
							Sub-Total		\$ 235.00					

Ca	Council Member Monthly E.	xpense Claim F	orm					1		
00	Auber (Select			
	Cultivate Life						From List			
							Do not enter in			
							"Grey" cells			
				1			1		1	
Name:	Councillor Brodhead	Date Submitted	06-07-21		Month	June	Year	202	1	
		Other				Registration				
Expenses Paid D	ectly by the City (eg. Petty Cash)	Transportation				/Event Ticket				
		& Parking *	Accommodations *	Airfare*	Meals *		Expenses *	Total	-	
Date (DD/MM/YY)										
Date (DD/MIN/11)					T				+	
									4	
									1	
									4	
									1	
									4	
									1	
Claim Reminders:						Sub-Total		\$ -		
** See Council Po	icy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**									
Detailed receipt	must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.									
	ay be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.				Total Exp					60.00
	ge chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location					sterCard				35.00
	es, 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 red 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. Stre			Less: E	Expenses	s Paid			\$	-
	so to carim mileage dissect on the standard mileage crait. It you choose to claim specific mileage you must provide at Google map primout with the detailed to and from locations identified (i.e. Size must be submitted within 10 days of the following month	et Address)		Net to h	na naid to	Councillor	Brodhead		S 1	25.00
	nicas de sudmisee witten 10 days of the onowing month.			1401 10 1	oc paid to	o Councillo	Diodilead			20.00
r. moompate exp	The Calling Will Follow the Control of the Control									_
Training and Day	lopment Activities									
									1	
Activity Name	Description of Activity Content and any learning/information worth sharing								4	
									1	
									4	
1									1	

Date

06/01/2021

06/02/2021

06/03/2021

06/03/2021

06/04/2021

06/08/2021

06/08/2021 EMTSC 06/08/2021

Meeting

FCM

FCM

FCM

EMTSC

FCM

Council Meeting

Edmonton Salutes

Updates

SENGER T		Council Member Monthly Expense Claim Form Select From List Do not enter in "Grey" cells
Name:	Councillor Brodhead	Date Submitted 06-07-21 Month June Year 2021
06/14/2021	CGISC	
06/15/2021	Council & AHF Annual Meeting	
06/17/2021	EMTSC	
06/18/2021	EMTSC	
06/21/2021	Council Meeting	
06/25/2021	Edmonton Salutes	

SE Ubert		Council Member Monthly Expense Claim Form	Select From List Do not enter in "Grey" cells		
Name: Councillor Brodhead		Date Submitted 06-07-21 Month	June Year	2021	
Authorizations & Approvals		Councillor Brodhead	ı	June	2021
Treatment (aliam form was prepared by an individual other than the Council Member, sign and date below the expense claim form was prepared in accordance with all information provided by the Council of	w mocil Member at the time of submission. 06/07/2021 Date (DD/M/MYY)				
Council Member certify that the expenditures claimed on this form were incurred while conducting business on secondary to conduct individual. All applicable receipts have been attached.	behalf of the City of St. Albert. I understand that submitted $\frac{Jul\ 7,2021}{\text{Date}\left(\text{DDMMYY}\right)}$	ting 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			
Associates Payable These reviewed this claim for mathematical accuracy and documentation support. DAMICULE PAYSOMS annelle Parkons (alid. 2021 1245 MDT) ccounts Physible Personnel Signature	Jul 8, 2021				
Chief Financial Officer have reviewed this claim and am satisfied that the expenses listed and the information and de	ocumentation provided are in accordance with Council pc	olicy C-CC-03 Council Remuneration and Expense Reimbursement			
Diane McMorDie The Manual Officer Signature	Jul 8, 2021 Date (DD/MM/YY)				
thief Administrative Officer (City Manager) have reviewed this claim and am satisfied that the expenses listed and the information and dispersion of the company of the com	ocumentation provided are in accordance with Council po Jul 8, 2021 Date (DDMM/YY)	Silcy C-CC-93 Council Remuneration and Expense Reimbursement			
aty manager orginature	Date (DD/MW/TT)				