S	Subert Californ Life						Council N	Member	Monthi	y Exper	nse Claim I	Form				Select From List Do not enter in				
Name:	Councillor Hansen						,				Date Submitted	04-05-2]	Month'	April	"Grey" cells	20	21		
General Counci	I Related Business	In-Region Mileage C	Caim based on Chart	One Way	Mieage Claim km's y (From Chart)	Out-of-Region Milea specific	ge Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses	Total		GL Coding	
Date (DD/MM/Y)	Nature of Event/Meeting	From	То			From	То	CAT7_		122			- /	122	1222	122	ž.	ACCT	GL Coding CAT 2 Cost Ctr Project	CAT4
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Date (DD/MM/Y)	Nature of Event/Meeting	From	То		1 1500	From	То	CAT7_	MARK!	122	1 122	1 122	2 1226	122	1225	122		ACCT	Cost Ctr Project	CAT4
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SH Libert Calment Life	Council Member Monthly Expense Claim Form	Seed From Lat Do not enter in "Only" (cas)
Name: Councillor Hansen	Date Submitted 04-05-21	Month April Year 2021

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SP Ubert								212 0277										
						Council M	lember	Month	ly Expen	se Claim F	orm				Select From List			
															Do not enter in "Grey" cells			
Councillor Hansen										Date Submitted	04-05-	21	Manth	April	Year	202	11	
IMA or FCM Convention or Board Expenses	Region Mileage Cl	aim based on Chart	One Way	Mieage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations 1	· Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding
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te (DD/MM/YY) Nature of Event/Meeting From	m	То			From	То	CAT7_	1	1220	1220	12	25 1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CAT4
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St	Albert Cate Life	Council Member Monthly Exper	ise Claim I	Form			Seed From List		κ			
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Name:	Councillor Hansen		Date Submitted	04-05-2] Mc	nth April	vear	2021				
Operating Suppli	es/Telephone/Internet/Sponsorships	Mobile Device (Max \$555Morte): Home Internet (Max \$705Morteh), Sponsonship (Max \$1,000Year see policy C-CC-21 Council Sponsonship)						Total		GL Coding		Expense
Date (DD/MMYY)	Detailed Description			illani e san	1,000	No WILL		W (58.0)	ACCT Cos	t Ctr Project C	JAT7	Гуре
10-04-21	Telus Vobility - Councillor Vobile Device							55.00	6404 101	0 516110	NA I	Mobile Device Char
22-04-2*	Shaw Cable - Councillor Home Office Internet							70.00	6404 101	516110	NA C	Office/Operating Su
						Sub-Tot	BI.	\$ 125.00				
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BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare* Me	Registra /Event 1	tion icket General Expenses	Total				
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Name:	Councillor Hansen		Date Submitted	04-05-2	1	Manth	April	Year	202	11
Expenses Paid	Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticke	t General Expenses	• Total	
Date (DD/MM/Y)							,			
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	Siky C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses** a must be provided for all expenses. Credit Card sips are NOT an acceptable form of report. by per cannot without a recent out to 8.1%. Ceating morating Peletry in the natural of evert-meeting section. say be cannot without a recent out to 8.1%. Ceating morating Peletry in the natural of evert-meeting section. says be cannot without a recent out to 8.1%. Ceating morating Peletry in the natural of evert-meeting section. says the evert-disconnection section should ceating recent the nature of the meeting and notice for all event-meeting section. says the evert-disconnection section should ceating recent the nature of the meeting and notice for all event-meeting section. says the event-disconnection section should ceating recent the nature of the meeting and notice for all event-meeting section. says the event-disconnection section should ceating recent the nature of the meeting and notice for all provides a Google map printed with the extensed to and from local means as sounded within 10 days of the following moratin.				-	_			-	1
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 t is recommer Expense d'air Incomplete ex 	nded 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. Stri	recept. set Address)			Expense	to Councillo	r Hansen	W-1-2-12	\$ 125.0
Date		formation worth sharing								4
20/04/2021	Exploring EPR Impacts on Waste & Recycling									4
22/04/20201	Hydrogen Roundfable									4
28/04/2021	Watershed Wednesday					-				4
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Roard, Committ	tee. Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)				diam'r.				
Date										
07/04/2021										4
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13/04/2021	Agenda Planning									-
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Select From List

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S	Nibert Coloras Lás	Council Member Monthly Expense Claim Form	Select From List Do not enter in "Grey" cell		
Name:	Councillor Hansen	Date Submitted 04-05-21 Venth	April Year	2021	
21/04/2021	Recovery Task Force	14			
22/04/2021	Environmental Advisory Committee				
23/04/2021	NSWA				
27/04/2021	Agenda Planning				
28/04/2021	EAC Executive				
28/04/2021	CFSP Planning				
29/04/2021	NSWA				
30/04/2021	NSWA ,				
30/04/2021	Edmonton Global		ė.		

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SEX Libert		Council Member Monthly Expense Claim Form	Select From Ust Do not enter in "Grey" cells
Name: Councillor Hansen		Date Submitted 04-85-27 Month April	∀ear 2021
Authorizations & Approvals		Councillor Hansen	April 2021
Presence d claim form was prepared by an individual other than the Council Member, sign and This expense claim flom was prepared in accordance with all information provided by Preparer's Signatege.	date below the Council Member at the time of submission, 04-05-21 Deter (DDMM/YY)		
was completed by another individual. All applicable receipts have been attached. [] Have of the property 4, 2021 18:29 MDT;	May 4, 2021	ng 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 have reviewed this claim for mathematical accuracy and documentation support. Barbara Marres (May 4, 2021 1541 MOT) Barbara Marres (May 4, 2021 1541 MOT)	May 4, 2021		
Accounts Payable Personnel Signature	Date (DD/MM/YY)		
Chief Financial Officer			
have reviewed this claim and am satisfied that the expenses listed and the informat Diano McMorDio Diane McMorDie (May 5, 2021 12-49 MUT)	May 5, 2021	ky C-C-03 Council Remuneration and Expense Reimbursement	
Chief Financial Officer Signature	Date (DDIMM/YY)		
Chief Administrative Officer (City Manager)			
I have reviewed this claim and am satisfied that the expenses listed and the informat	ion and documentation provided are in accordance with Council pol May 5, 2021	icy C-CC-03 Council Remuneration and Expense Reimbursement	
fectorials City Manager Signature	Date (DD/MM/YY)		

St	City of Culrivate Life						Council N	lember l	Monthl	y Expen	se Claim F	orm				Select From List			
lame:	Councillor Hansen										Date Submitted	06/10/2021		Month	Мау	in "Grey" cells	2021		
eneral Council R	Related Business	In-Region Mileage Ct	laim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total	GL Codina	
ate (DD/MM/YY)	Nature of Event/Meeting	From	То				То	CAT7_		1220				1221	122			GL Coding CAT 2 ACCT Cost Ctr Project CAT4	_
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Name: Councillor Hansen Date Sumited Month May Very 2001	SE	Hisert Caltivate Life						Council M	lember	Monthly	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
AUMA or FCM Convention or Board Expenses In Resign Missage Claim form Annual Claim Massage Claim for in Resign (Prom Dut-of-Region Missage Claim for in Resign Dut-of-Region Missage Claim for	Name:	Councillor Hansen										Date Submitted	06/10/2021		Month	May	Year	202			
Description	AUMA or FCM Con	revention 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	Claim-	Amount @	Transportation &	Accommodations *	Airfare*		or Course Registration		Total		GL Coding	
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	Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileagus specific	e Claim (or In-Region	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration	General			GL Coding	
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SE	Albert Cultivate Life	Select From List												
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Name:	Councillor Hansen		Date Submitted	06/10/2021		Month	May	Year	2021					
Operating Supplier	s/Telephone/Internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsorship (Max \$1,000Year see policy C-CC-21 Council Sponsorship)							Total		GL	Coding		
Date (DD/MM/YY)	Detailed Description									ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	
05/10/2021	Telus Mobility - Councillor Mobile Device								55.00	6404	1010	516110 N/A	Mobile Dev	vice Charges
	Telus Internet - Councillor Home Office Internet								70.00	6400	1010		Office/Ope	
							Sub-Total	i	\$ 125.00					
BMO MasterCard I	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total					
Date (DD/MM/YY)										i				
05/04/2021	Mayor Iveson State of the City - Clir Hansen						36.75		36.75	ĺ				
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St	Albert	Council Member Monthly Expen	se Claim F	orm				Select From]	
	Cultivate Life							Do not enter in "Grey" cells		
Name:	Councillor Hansen		Date Submitted	06/10/2021		Month	May	Year	202	1
Expenses Paid Di	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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Claim Reminders:	licy C-CC-03 Council Remuneration and Expense	Reimbursement for detailed provisions of allowable expenses**					Sub-Total		\$ -	
	s must be provided for all expenses. Credit Card slips asy be claimed without a receipt up to \$15. Clearly inc				Crond	Total Exp	oncoc			\$ 161.75
3. A standard miles	age chart is available for use. All kilometers are base	d on St. Albert Place (SAP) as the base location			Less:	BMO Mas	sterCard			-\$ 36.75
For meal expens It is recommend	ses, the event/description section should clearly indica ed to claim mileage based on the standard mileage ch	tet 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. art. 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)				Expenses				s -
	must be submitted within 10 days of the following mo inse claims will not be processed	nth			Net to	be paid to	Councillor	Hansen		\$ 125.00
	elopment Activities									
Activity Name	Description of Activity Content and any learning/info	rmation worth sharing								-
05/10/2021	Council 10 Year Growth Plan Workshop									-
										-
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										1
										1
Board, Committe	e, Agency meetings attended (Includes both Coun	cii appointed and other approved committees)								
Date	Meeting	Updates								
05/03/2021	City Council Meeting									1
05/04/2021	Agenda Planning									1
05/10/2021	Community Growth and Infrastructure									1
05/10/2021	Recovery Task Force Meeting									1
05/11/2021	Agenda Planning									1
05/11/2021	Annual Chamber of Commerce meeting with Council									1
05/17/2021	City Council Meeting									1
05/19/2021	NSWA Board Meeting									1
05/20/2021	Annual Library Roard Macting with Council									

05/25/2021

05/27/2021

05/28/2021 05/31/2021 Agenda Planning

Environmental Advisory Committee

Inter-City Forum on Social Policy

City Council Meeting

Sŧ	Albert College Life	Council Member Monthly Expense Claim Form Select From List Don't enter in "Grey" cells	
Name:	Councillor Hansen	Date Submitted 00/10/2021 Month May Year 2021	

Name:	Councillor Hansen							Date Submitte	d 06/10/2021	Month	May	Year	:	2021	
															_
Authorizations 8	Approvals									Councillor Hansen			May		2021
Preparer If claim form was This expense cla Rayann Latorce Preparer's Signal	prepared by an individual other than the Council Member, in form was prepared in accordance with all information p to the council 14.25 MOTT are	r, sign and date below provided by the Council Member at the time of	of submission. Date (DD/MM/YY)												
was completed b	expenditures claimed on this form were incurred while con on other individual. All applicable receipts have been attraction. Jun 16, 2021 11:21 MDT)		Albert. I understand that s	ubmitting a fraudule	ent claim is a very s	serious matter. I und	lerstand that I am sole	ly responsible for th	ne details of the claim	even if the form					
Council Member	s Signature		Date (DD/MM/YY)												
Barbara Barbara Marrese	is claim for mathematical accuracy and documentation sit Marresse. [July 18, 2021 11:24 H0T] Personnel Signature	support.	Date (DD/MM/YY)												
Chief Financial of I have reviewed to Diane	Officer his claim and am satisfied that the expenses listed and the MCMOYOUP	e information and documentation provided as	e in accordance with Coun	cil policy C-CC-03 (Council Remunerat	tion and Expense Re	mbursement								

C\Users\rloyd|Desktop\Council Expense Claims\Monthly Expense Claims\Clir Hansen\May\[Hansen - May Council Expense Claim.xlsm]Claim Form

Date (DD/MM/YY)

Date (DD/MM/YY)

Transflowing this distribution statisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC03 Council Remuneration and Expense Reimbursement FCC05

SEA Ubert

Chief Financial Officer Signature

Chief Administrative Officer (City Manager)

SE	Albert Cultivate Life	Council Member Monthly Expense Claim Form Select From Lat Do not enter																			
lame:	Councillor Hansen]									Date Submitted	07/07/2021		Month		in "Grey" cells	2021				
ieneral Council R	Related Business	In-Region Mileage Cl	laim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileage 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 * 1	Fotal		GL Coding		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То				То	CAT7_		1220			1226	1221	1222			ACCT	CAT 2 Cost Ctr Project	CAT4	
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rofessional Deve	elopment	In-Region Mileage Cl	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region, 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 * 1	Fotal		GL Coding		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То				То	CAT7_		1221			1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	CAT4	
															Sub-Total		\$ -				

SE	Albert Callevae Life		Council Member Monthly Expense Claim Form Select From List Do not enter in 'Grey' cels																		
Name:	Councillor Hansen										Date Submitted	07/07/2021		Month	June	Year	202				
AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage 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		GL Coding CAT		
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Proje	zt CAT4	
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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cls	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region	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		То			From	То	CAT7_		1220			1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4	_
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SE	Albert Cultivate Life	Council Member Monthly Expen	ise Claim F	orm				Select From List Do not enter in "Grey" cells							
lame:	Councillor Hansen		Date Submitted	07/07/2021		Month		Year	2021						
perating Supplie	s/Telephone/Internet/Sponsorships	Mobile Device (Max \$55/Month). Home Internet (Max \$70/Month), Sponsorship (Max \$1,000Year see policy C-CC-21 Council Sponsorship)							Total		GL	Coding			
ate (DD/MM/YY)	Detailed Description									ACCT	Cost Ctr	CAT 2 Project CAT	Expen 7 Type	se	
6/10/2021	Telus Mobility - Councillor Mobile Device								55.00	64				Device Charg	166
	Telus Internet - Councillor Home Office Internet								70.00					Operating Sup	
O'LD LOL 1	Total memor - Councilia Figure Conce memor								10.00		74 1010	0.01.0	TA OIIICG	operating out	۲
							Sub-Total	Į	\$ 125.00						
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ate (DD/MM/YY)															
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St	Albert	Council Welliber Worldly Expe	nise Ciaiini i	OIII				Select From		
								Do not ente	,	
								in "Grey" cells		
Name:	Councillor Hansen		Date Submitted	07/07/2021		Month	June	Year	2021	
Expenses Paid D	irectly by the City (eg. Petty Cash)		Other Transportation 8 Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total	
Date (DD/MM/YY)										
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Meter parking n A standard mile For meal expens It is recommend	hay be claimed without a receipt up to \$15. Clearly ind age chart is available for use. All kilometers are based see, the event/description section should clearly indica ted to claim mileage based on the standard mileage ch	dicate (Meter) in the nature of event/meeting section.			Grand 1 Less: E Less: E	BMO Ma	sterCard			\$ 125.00 \$ -
	must be submitted within 10 days of the following morense claims will not be processed						o Councillo	Hansen		\$ 125.00
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7. Incomplete expe	ense claims will not be processed	ndh						· Hansen		
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7. Incomplete expe	ense claims will not be processed	ndh						Hansen		
7. Incomplete expe	nee claims will not be processed elopment Activities Description of Activity Content and any learning/infor	rmation worth sharing						Hansen		
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St	Albert Catteras Life	Council Member Monthly Expense Claim Form Select From Last Do not enter in "Grey" cells	
Name:	Councillor Hansen	Date Submitted 07/07/2021 Month June Year 2021	

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Name:	Councillor Hansen									Date Submitte	07/07/2021		Month	June	Year		2021	
Authorizations	& Approvals											Co	uncillor Hanser	ı		June		2021
Preparer If claim form was This expense cla Rayann Lalorce Preparer's Signa	s prepared by an individual other than the Council Memi am form was prepared in accordance with all information (Jul 8, 2021 14-46 MDT)	on provided by the Council Member at the time of	submission. Date (DD/MM/YY)	=														
	it expenditures claimed on this form were incurred while c by another individual. All applicable receipts have been		Albert. I understand that s	at submitting :	g a fraudulent c	t claim is a very	y serious matter.	I understand tha	at I am solely re	esponsible for the	ne details of the	claim even if	the form					
Jacqui Clansen	(Jul 12, 2021 14:14 MDT)			_														
Council Member	's Signature		Date (DD/MM/YY)															
Daniell	ble this claim for mathematical accuracy and documentation PAYSONS (10113, 2021 08:52 MDT)	in support.		_														
Accounts Payab	le Personnel Signature		Date (DD/MM/YY)															
Chief Financial	Officer																	
	this claim and am satisfied that the expenses listed and MCMOVOLO rdie (Jul 13, 2021 09:04 MDT)	the information and documentation provided are	in accordance with Cour	ouncil policy C	C-CC-03 Cour	uncil Remunera	ration and Expen	se Reimbursemer	ent									
Chief Financial C			Date (DD/MM/YY)															
Chief Administr	rative Officer (City Manager)																	
I have reviewed t	this daim and am satisfied that the expenses listed and	the information and documentation provided are	in accordance with Cour	uncil nolicy C	C-CC-03 Cour	und Remuner	ration and Expen	se Reimbursemer	ent									

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Date (DD/MM/YY)

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