





Council Member Monthly Expense Claim Form

Select  
From List

Do not  
enter in  
"Other" cells

Name:

Date Submitted:

Month:  Year:

Sub Total: \$



# Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 04-05-21

Month: April 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 *	Registration /Event Ticket *	General Expenses *	Total	GL Coding
Date (DDMMYY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1225	1227	1225	1224		ACCT Cost Ch: 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 (DDMMYY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1225	1221	1222	1222		ACCT Cost Ch: CAT3 CAT4
										-							-	
										-							-	
										-							-	
										-							-	

Sub-Total: \$ -



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Other" cells

Name: **Councillor Hansen**

Date Submitted: **04-05-21**

Month: **April** Year: **2021**

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	Project CAT7	Expense Type
19-04-21	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A Mobile Device Charge
22-04-21	Shaw Cable - Councillor Home Office Internet	70.00	6404	1010	516110	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 (DDMMYY)								

Sub-Total: \$ -



# Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 04-05-21 Month: April Year: 2021

## Expenses Paid Directly by the City (eg. Petty Cash)

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

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. Voucher 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/meeting 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. If a receipt is provided 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	\$
Not to be paid to Councillor Hansen	\$ 125.00

## Training and Development Activities

Date	Description of Activity Content and any learning/information worth sharing
20/04/2021	Exploring EPR Impacts on Waste & Recycling
22/04/2021	Hydrogen Roundtable
28/04/2021	Waterhed Wednesday

## Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)

Date	Meeting	Updates
07/04/2021	Agency Planning	
12/04/2021	CLSC	
12/04/2021	CO/SC	
13/04/2021	Agency Planning	
19/04/2021	Council Meeting	



Council Member Monthly Expense Claim Form

Select  
From List  
  
Do not  
enter in  
"Other" cells

Name: **Councillor Hansen**

Date Submitted **04-05-21**

Month **April** Year **2021**

21/04/2021	Recovery Task Force	
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	





# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 04-05-21

Month: April Year: 2021

## Authorizations & Approvals

Councillor Hansen

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 Member at the time of submission.

[Signature] 04-05-21  
Preparer's Signature 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.

[Signature] May 4, 2021  
Council Member's Signature Date (DDMMYY)

### Accounts Payable

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

Barbara Marrese May 4, 2021  
Accounts Payable Personnel Signature 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-CC-03 Council Remuneration and Expense Reimbursement

Diane McMorris May 5, 2021  
Chief Financial Officer Signature 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-CC-03 Council Remuneration and Expense Reimbursement

[Signature] May 5, 2021  
City Manager Signature Date (DDMMYY)







Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 06/10/2021

Month May 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/YYYY)	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/YYYY)	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 Hansen

Date Submitted 06/10/2021 Month May 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	CAT 7	Expense Type
Date (DD/MM/YY)	Detailed Description							
05/10/2021	Telus Mobility - Councillor Mobile Device		55.00		6404 1010	516110	N/A	Mobile Device Charges
05/22/2021	Telus Internet - Councillor Home Office Internet		70.00		6404 1010	516110	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)									
05/04/2021	Mayor Ineson State of the City - Cllr Hansen						36.75		36.75
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 36.75



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 06/10/2021 Month May 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:
- \*\* 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

Sub-Total \$ -

Grand Total Expenses	\$ 161.75
Less: BMO MasterCard	-\$ 36.75
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hansen	\$ 125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
05/10/2021	Council 10 Year Growth Plan Workshop	
</		



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 06/10/2021

Month May Year 2021




# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 06/10/2021

Month May Year 2021

Authorizations & Approvals Councillor Hansen 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 time of submission.  
[Signature]  
Preparer's Signature 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.  
[Signature]  
Council Member's Signature Date (DD/MM/YYYY)

**Accounts Payable**  
I have reviewed this claim for mathematical accuracy and documentation support.  
[Signature]  
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  
[Signature]  
Chief Financial Officer Signature Date (DD/MM/YYYY)

**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/YYYY)





Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 07/07/2021

Month June 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/YYYY)	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/YYYY)	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 Hansen

Date Submitted 07/07/2021

Month June 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	CAT 7	Expense Type
06/10/2021	Telus Mobility - Councillor Mobile Device		\$5.00		6404 1010	516110	N/A	Mobile Device Charges
06/22/2021	Telus Internet - Councillor Home Office Internet		70.00		6404 1010	516110	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 Hansen

Date Submitted 07/07/2021 Month June 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:
- \*\* 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

Sub-Total \$ -

Grand Total Expenses	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hansen	\$ 125.00

Training and Development Activities		
Activity Name	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)		
Date	Meeting	Updates
06/08/2021	Regular Council Meeting	
06/09/2021	Public Hearing	
06/14/2021	Community Growth & Infrastructure Standing Committee	
06/15/2021	Agenda Planning	
06/15/2021	Council & AHF Annual Meeting	
06/21/2021	Regular Council Meeting	
06/22/2021	Public Participation - Green Environment Strategy; Community Brainstorm	
06/23/2021	NSWA Annual General Meeting	
06/24/2021	EAC Meeting	
06/25/2021	Edmonton Global   Shareholder Virtual Briefing	
06/29/2021	Agenda Planning	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 07/07/2021

Month June Year 2021




# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted 07/07/2021

Month June Year 2021

<b>Authorizations &amp; Approvals</b>	Councillor Hansen	June	2021
<b>Preparer</b> 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. <u>[Signature]</u> Preparer's Signature Date (DD/MM/YYYY)			
<b>Council Member</b> 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>[Signature]</u> Council Member's Signature Date (DD/MM/YYYY)			
<b>Accounts Payable</b> I have reviewed this claim for mathematical accuracy and documentation support. <u>[Signature]</u> Accounts Payable Personnel Signature Date (DD/MM/YYYY)			
<b>Chief Financial Officer</b> 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>[Signature]</u> Chief Financial Officer Signature Date (DD/MM/YYYY)			
<b>Chief Administrative Officer (City Manager)</b> 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>[Signature]</u> City Manager Signature Date (DD/MM/YYYY)			