St	Muser Life						Council M	lember	Monthly	/ Expens	se Claim F	orm				Select From List  Do not enter in  "Grey" cells					
lame:	Councillor MacKay	]									Date Submitted	03/05/2021		Month	April	Year	202				
eneral Council F	Related Business	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileage specific	o Claim (or In-Region	One Way /Return	km's-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding		
ate (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	CAT4	
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															Sub-Total		\$ -				
rofessional Deve	elopment	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	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То				То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	CAT4	
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	ı									•				1	ı						

SE	Albert Cultivise Life						Council M	lember	Monthly	y Expen	se Claim F	orm				Select From List  Do not enter in "Grey" cells					
Name:	Councillor MacKay										Date Submitted	03/05/2021	]	Month	April	Year	202	1			
AUMA or FCM Cor	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 /Return	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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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	Sub-Total \$ -																				
Office of the Mayo	or (Official Events & Dutles)	In-Region Mileage Cla	aim based on Chart	One Way	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*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220			1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4	
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															Sub-Total		\$ -	-			

St	Albert Cultivate Life	Council Member Monthly Expens	se Claim F	orm				Select From List  Do not enter in  "Grey" cells	-					
Name:	Councillor MacKay	ı	Date Submitted	03/05/2021		Month	April	Year	2021					
Operating Supplie	rs/Telephone/Internet/Sponsorships	Mobile Device (Max \$555Month) Home Internet (Max \$70Month), Sponsorship (Max \$1,000Year see policy C-CC-21 Council Sponsorship)							Total		GI	L Coding		ı
Date (DD/MM/YY)	Detailed Description									ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	
26/04/2021	Home Office Internet								70.00	64	04 1010	516109 N/A	Mobile Dev	ice Charg
													Office/Oper	rating Sup
		·												
							Sub-Total		\$ 70.00					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *		Total					
Date (DD/MM/YY)														
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	l		1					I	-					
							Sub-Total		\$ -					

Si	Albert Culivase Life		Council Member Monthly Exper	nse Claim F	Form				Select From List  Do not enter in "Grey" cells		
Name:	Councillor MacKay			Date Submitted	03/05/2021		Month	April	Year	202	
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	)					ı	I		<u> </u>	I	
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Detailed receip     Meter parking     A standard mi     For meal expe     It is recommer     Expense claim     Incomplete expense.	oiligy C-C-03 Council Remuneration and Expense is must be provided for all expenses. Yeelf Card sill generate is the state of the control of	dicate (Meter) in the nature of event/meeting section.  ed on St. Albert Place (SAP) as the base location cate the nature of the meeting and indicate the # of people in attendance. Th hather, if you choose to daim specific mileage you must provide a Google may		955)			MO Mas xpenses	sterCard	MacKay	\$ -	\$ 70.00 \$ - \$ - \$ 70.00
Training and De	velopment Activities  Description of Activity Content and any learning/inf	ormation worth sharing									1
13/04/2021 14/04/2021 20/04/2021	EPR: Impacts and Opportunities for Alberta Municipal Municipal Innovation in Biodiversity Conservation Exploring EPR Impacts on Waste & Recycling Providers										-
22/04/2021	Hydrogen Roundtable										
											]
Board, Committ	ee, Agency meetings attended (Includes both Cour	cil appointed and other approved committees)									1
Date of Meeting	Name of Meeting	Updates									4
01/04/2021	Edmonton Global										1
01/04/2021	MRSP Standing Committee										-
06/04/2021	Council Mosting										1

Si	Misery of August Life Collerate Life	Council Member Monthly Expense Claim Form  Select From Ltar  Do not enter in  Georg calls
Name:	Councillor MacKay	Date Submitted 03/05/2021 Month April Year 2021
08/04/2021	EMRB	
12/04/2021	CLSC	
12/04/2021	cgisc	
14/04/2021	AUMA Spring Municipal Leaders' Caucus	
15/04/2021	AUMA Spring Municipal Leaders' Caucus	
16/04/2021	AUMA Spring Municipal Leaders' Caucus	
16/04/2021	ACRWC Board Meeting	
19/04/2021	Council Meeting	
21/04/20201	Recovery Task Force	
27/04/2021	Policing Committee	
30/04/2021	AUMA Safe & Healthy Communities Committee	

SENLIBERT Cultiverse Life  Name: Councillor MacKay	Council Member Monthly Expense Claim Form  Date Submitted 0305/2021 Month April	Select From Lat Do not enter in "Grey" cells Year 2021
Authorizations & Approvals	Councillor MacKay	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 t	ime of submission.	
Preparer's Signahar	03-05-21 Date (DD/MMYY)	
	If 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	1
was completed by another individual. All applicable receipts have been attached.  Ken MacKay  Ken MacKay (May 4, 202*10:39 MDT)	May 4, 2021	
Council Member's Signature	Date (DDMMYY)	
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.		1
Danielle Parsons (May 5, 2021 11:48 MDT)	May 5, 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 provice.  Diane McMordie		
Diane McMordie (May 5, 2021 12:54 MDT)	May 5, 2021	
Chief Financial Officer Signature	Date (DD/MMYY)	]
		1
Chief Administrative Officer (City Manager)  I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provice.	led as in accordance with Crunil India C.C.C.33 Crunil Remunation and Evenes Reimbursament	
Trave reviewed this claim and am satisfied that the expenses issed and the information and occumentation provided the satisfied that the satisfied	мау 5, 2021	
City Manager Signature	Date (DDMMYY)	
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According Market   Councillor MacKay   Number	ST	Albert Calona Life						Council M	lember	Monthly	y Expens	se Claim F	orm				Select From List  Do not enter in "Grey" cells	1			
Properties   Pro	Name:	Councillor MacKay	]									Date Submitted	06/10/2021		Month	May	Year	2021			
Prom   To   Prom   To   CAT7   1220   1225   1226   1221   1222   ACCT   Cost Cr   Project CAT4	ieneral Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way	Claim km's-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding	
rofesional Development  One Way Claim (From On	ate (DD/MM/YY)	Nature of Event/Meeting					From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project (	CAT4
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Mileage One Way Clear (From Section Meson Claim Isseed on Chart Return One Way Clear (From One Way Clear (																Sub-Total		\$ -	1		
Set (DDMMYY) Nature of Evert/Meeting From To From To CAT7 1221 1221 1221 1222 1226 1227 1225 1224 ACCT Cost CV Project CAT4  CAT 1221 1221 1222 1226 1227 1225 1224 ACCT Cost CV Project CAT4  CAT 2 1221 1221 1222 1226 1227 1225 1224 ACCT Cost CV Project CAT4  CAT 2 1221 1221 1221 1222 1226 1227 1225 1224 ACCT Cost CV Project CAT4	rofessional Deve	lopment	In-Region Mileage Ct	aim based on Chart	One Way	Claim (From	Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Transportation &	Accommodations *	Airfare*	Meals *	or Course Registration	General Expenses *	Total		GL Coding	
	ate (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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SE	City of L Cultivate Life						Council M	lember	Monthly	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor MacKay										Date Submitted	06/10/2021	]	Month	Мау	Year	202			
AUMA or FCM Con	revention or Board Expenses	In-Region Mileage Cla	im 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 *		Total		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	Cost Ctr Project	CAT4
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Office of the Mayo	or (Official Events & Duties)			One Way	Mileage Claim (From Chart)	Out-of-Region Mileagu	e Claim (or In-Region.	One Way	Mileage Claim-	Mileage Amount @	Other Transportation & Parking *				Sub-Total  Registration /Event Ticket	General	\$ -			
		In-Region Mileage Cla		/Return				/Return	Specific				Airfare*	Meals *	*		Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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																		-		

Sub-Total

SE	Mbert Cultivate Life	Council Member Monthly Expen	se Claim F	orm			List	ct From					
Name:	Councillor MacKay		Date Submitted	06/10/2021	l ,	Month May	in "Gr cells		1021				
	obalionor maortay	I 	Dute Gabrinies	00/10/2027		may	rou		.o. i				
Operating Supplie	s/Telephone/Internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsoship (Max \$1,000Year see policy C-CC-21 Council Sponsoship)						Total			GL Coding		
Date (DD/MM/YY)	Detailed Description								ACCT	Cost C	CAT 2 tr Project CAT7	Expense Type	
26/05/2021	Home Office Internet							70	.00	6404 1010	516109 N/A	Mobile Device	Charges
												Office/Operati	ng Suppi
						Sub	-Total	\$ 70	.00				
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare* [	Reg /Eve Meals *	istration ent Ticket Gene Exper	eral enses * Total					
Date (DD/MM/YY)													
04/26/2021	Refund for Chamber golf tournament					_	157.50	- 157	.50				
									_				
									_				

3 of 6

-\$ 157.50

Sub-Total

SE	Albert Cultivate Life	Council Member Monthly Expen	se Claim F	orm				Select From List Do not enter in "Grey"		
Name:	Councillor MacKay		Date Submitted	06/10/2021		Month	May	Year	2021	
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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Detailed receipts     Meter parking m     A standard miles     For meal expens     It is recommend     Expense claims	s must be provided for all expenses. Credit Card slips say be claimed without a receipt up to \$15. Clearly ind age chart is available for use. All kilometers are based ses, the event/description section should clearly indica	cate (Meter) in the nature of eventimeeting section. on St. Albert Place (SAP) as the base location the nature of the meeting and indicate the if of people in attendance. The full names of the participants should be fisled on the back of the receipt. at. If you choose be olden specific mileage you must provide a Google map printout with the detailed to and from locations identified (is. Street Andress)			Less: E Less: E	Expenses	sterCard	MacKay		-\$ 87.50 \$ 157.50 \$ -
Training and Deve	elopment Activities									1
Activity Name	Description of Activity Content and any learning/info	mation worth sharing								
05/10/2021	Council 10 Year Growth Plan Workshop									
05/27/2021	Sturgeon Heights Reservoir & Pump Station Replac	ement & Decommissioning Project Public Engagement Session								1
										-
Board, Committee	e, Agency meetings attended (Includes both Coun	cil appointed and other approved committees)								ł
Date of Meeting	Name of Meeting	Updates								
05/03/2021	EMAC Meeting									
05/03/2021	City Council Meeting									
05/10/2021	Community Living Standing Committee Meeting									]
05/10/2021	Community Growth & Infrastructure Standing Committee									]
05/11/2021	Annual Chamber of Commerce meeting with Council									
05/17/2021	City Council Meeting									
05/21/2021	ACRWC Board Meeting									1
05/25/2021	Policing Committee Meeting									I

05/27/2021

Recreation Task Force Meeting

City Council Meeting

Sŧ	Albert Cahrote Life	Council Member Monthly Expense Claim Form	Select From List  Do not enter in "Grey" cells	
Name:	Councillor MacKay	Date Submitted 06/10/2521 Month	May Year	2021

SE Ubert	Council Member Monthly Expense Claim Form	Select From List  Do not enter in "Grey" cells	
Name: Councillor MacKay	Date Submitted 06/10/2021 Month May	Year 2021	
			$\neg$
Authorizations & Approvals	Councillor MacKay	May	2021
Treparer  diam form was prepared by an individual other than the Council Member, sign and date below this experse claim form was prepared in accordance with all information provided by the Council Member at the time of submis  submitted in the council Member at the time of submis  submitted in the council submission of the council Member at the time of submission provided by the Council Mem	pion.		

Preparer  I 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.	
<del>4U_U</del>		
Rayann Eatorce (Jun 10, 2021 14:03 MD I)		
Preparer's Signature	Date (DD/MM/YY)	
Council Member		
	. 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.	. Audest. 1 understand that southitung a nadourent damin's a very servous makes. 1 understand that rain southy responsible to the details of the damin even in the form	
Ken MacKay		
Ken MacKay (Jun 10, 2021 14:36 MDT)		
Council Member's Signature	Date (DD/MM/YY)	
Accounts Pavable		
have reviewed this claim for mathematical accuracy and documentation support.		
Danielle Parsons		
Danielle Parsons (Jun 14, 2021 10:42 MDT)		
Accounts Payable Personnel Signature	Date (DD/MM/YY)	
accounts rayable reisonna Signature	Date (DOMINI 11)	
*Nid Einenia Officer		
Chief Financial Officer		
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Relimbursement	
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a DIANE MOMORALE	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Relimbursement	
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement.	
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a DIANE MOMORALE	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Relimbursement	
have reviewed this daim and an satisfied that the expenses listed and the information and documentation provided a DIGNO MCMOYGIO and McMoyGIO (Jun 14, 2021 10:48 MDT)		
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twee reviewed this daim and am satisfied that the expenses listed and the information and documentation provided a DIAM MC MOVIDE and McMovide (Jun 14, 2021 10:48 MDT).  Chief Financial Officer Signature  Chief Administrative Officer (City Manager).	Date (DD/MM/YY)	
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a plan in the information and documentation provided a new McMorrdie (Jun 14, 2021 10:48 MDT).  Chief Financial Officer Signature	Date (DD/MM/YY)	
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C:\Users\rlloyd\Desktop\Council Expense Claims\Monthly Expense Claims\Clir MacKay\May\[MacKay - May Council Expense Claim.xism]Claim For

ABME: Councillor Maic-Kay  Due Submitted Desires  Due Submitted Desi	ST	Albert Calonae Life						Council M	lember	Monthly	y Expen:	se Claim F	orm				Select From List  Do not enter in "Grey" cells	1			
According National Related Business   In-Region Mesop Claim based on Chart   Note	Name:	Councillor MacKay	]									Date Submitted	07/08/2021		Month	June	Year	2021			
Sub-Total   Sub-	ieneral Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way	Claim km's-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding	
rofessional Development  One Way Claim Dated on Claim Later Claim Date of Conference or Course One Way Claim Dated on Claim Later Claim Date of Course Registration Flower Level Takes Registration   In Recion Misson Claim based on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   In Recion Misson Claim Dated on Claim   In Recion Misson Claim Dated On Claim Dated   In Recion Misson Claim Dated On Claim Da	ate (DD/MM/YY)	Nature of Event/Meeting					From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project (	CAT4
rofessional Development  One Way Claim Dated on Claim Later Claim Date of Conference or Course One Way Claim Dated on Claim Later Claim Date of Course Registration Flower Level Takes Registration   In Recion Misson Claim based on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   In Recion Misson Claim Dated on Claim   In Recion Misson Claim Dated On Claim Dated   In Recion Misson Claim Dated On Claim Da																					
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rofessional Development  One Way Claim Dated on Claim Later Claim Date of Conference or Course One Way Claim Dated on Claim Later Claim Date of Course Registration Flower Level Takes Registration   In Recion Misson Claim based on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   In Recion Misson Claim Dated on Claim   In Recion Misson Claim Dated On Claim Dated   In Recion Misson Claim Dated On Claim Da																					
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rofessional Development  One Way Claim Dated on Claim Later Claim Date of Conference or Course One Way Claim Dated on Claim Later Claim Date of Course Registration Flower Level Takes Registration   In Recion Misson Claim based on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   Secretary   In Recion Misson Claim Dated on Claim   Review   In Recion Misson Claim Dated on Claim   In Recion Misson Claim Dated On Claim Dated   In Recion Misson Claim Dated On Claim Da																					
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rofesional Development  Mileage One-Way Claim From One-Way Claim placed on Chart In Recion Mileage Colin based on Chart In Recion Milea																Sub-Total		\$ -	1		
ACT   Cost CF   From   To   From   To   CAT   1221   1221   1222   1226   1227   1225   1234   ACT   Cost CF   Project CAT4	rofessional Deve	lopment	In-Region Mileage Ct	aim based on Chart	One Way	Claim (From	Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Transportation &	Accommodations *	Airfare*	Meals *	or Course Registration	General Expenses *	Total		GL Coding	
	ate (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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SE	Albert Cultivate Life						Council M	lember	Monthly	/ Expen	se Claim F	orm				Select From List  Do not enter in "Grey" cells	1				
Name:	Councillor MacKay										Date Submitted	07/08/2021		Month	June	Year	20	21			
AUMA or FCM Co	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*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coo	ing	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Pr	oject CAT4	
																		+			
																		+			
															Sub-Total		\$ -				
Office of the May	or (Official Events & Duties)	In-Region Mileage Cla	aim 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 *	Registration /Event Ticket	General Expenses *	Total		GL Cod	ing	
Date (DD/MM/YY)	Nature of Event/Meeting		То			From	То	CAT7_		1220			1226	1221	1222	1222		ACCT	Cost Ctr CAT	3 CAT4	
																		+			
														_		-					
															<u> </u>						

Sub-Total

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SĒ	Albert Cultivate Life	Council Member Monthly Expe	nse Claim F	orm				Select From List Do not enter in "Grey" cells	1					
Name:	Councillor MacKay		Date Submitted	07/08/2021	]	Month	June	Year	2021					
Operating Supplie	s/Telephone/Internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsorship (Max \$1,000 Year see policy C-CC-21 Counci Sponsonship)							Total		GI	L Coding		
Date (DD/MM/YY)	Detailed Description									ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	
26/06/2021	Home Office Internet								70.00	6	404 1010	516109 N/A	Mobile Dev	ice Charges
													Office/Ope	rating Suppi
							Sub-Total		\$ 70.00					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total					
Date (DD/MM/YY)														
	1		'				Sub-Total		\$ -					

St	Select From Latt										
								Do not enter in "Grey" cells			
Name:	Councillor MacKay		Date Submitted	07/08/2021	]	Month	June	Year	2021		
Expenses Paid D	rirectly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		
Date (DD/MM/YY)	,										
									-		
									-		
	-					_	1				
Claim Reminders:  "See Council Policy C-CC-43 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses"  1. Detailed mocephic must be provided for all expenses. Credi Card slips are NOT an acceptable form of recept.											
	nay be claimed without a receipt up to \$15. Clearly ind age chart is available for use. All kilometers are based					Total Exp	enses sterCard			\$ 70.00 \$ -	
4. For meal expens	ses, the event/description section should clearly indica	te 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.  iart. 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)			Less: E	Expense	s Paid			\$ -	
6. Expense claims	must be submitted within 10 days of the following mo				Net to b	e paid to	Councillor	MacKay		\$ 70.00	
7. Incomplete expe	ense claims will not be processed										
Training and Dev	elopment Activities										
Activity Name	Description of Activity Content and any learning/infor	mation worth sharing									
Board Committee	e, Agency meetings attended (Includes both Coun	cil annointed and other approved committees)									
Date of Meeting	Name of Meeting	Updates									
06/04/2021	Emergency Management Advisory Committee										
06/08/2021	City Council Meeting										
06/09/2021	Public Hearing										
06/14/2021	Community Growth & Infrastructure Standing Committee										
06/15/2021	Council & AHF Annual Meeting										
06/17/2021	ERWAC June 17 Meeting										
06/18/2021	ACRWC Board Meeting										
06/21/2021	City Council Meeting										
06/23/2021	Recovery Task Force Meeting										
06/25/2021	Emergency Management Advisory Committee										

Sŧ	Husert Cabruat Life	Council Member Monthly Expense Claim Form	List	not enter Grey"	
Name:	Councillor MacKay	Date Submitted 07/09/2021 Month	June Yes	2021	]
					]

		cells
Name: Councillor MacKay	Date Submitted 07/08/2021 Month June	Year 2021
Authorizations & Approvals	Councillor MacKay	June 2021
Preparts  f 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 the council Member at the council Member at the council	f submission.  Date (DDMM/YY)	
Council Member  Loreff by that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. was completed by another individual. All applicable receipts have been attached.  KEH MUKAY  Limit Macraig Just 5,2021 42 28 (MT)	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 Pseuble I have reviewed the dain for mathematical accuracy and documentation support.  Dantielle Parsons Dantielle Parsons (2011;2:2011431M0T)		
Accounts Payable Personnel Signature	Date (DDIMMYY)	
Chief Financial Officer  There reviewed this claim and am satisfied that the expenses listed and the information and documentation provided as   Diane Mc Mordie (Jul 12, 2021, 14:46 MDT).	e in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
Chief Financial Officer Signature	Date (DD/MMYY)	
Chief Administrative Officer (City Manager)		
have reviewed the dayn and am satisfied that the expenses listed and the information and documentation provided as Kerry Hilts (Jul 12, 2021 15:38 MDT)	e in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	

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