



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 04/12/2021

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 *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding					
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project	CAT2	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/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4		
										-													
										-													
										-													
										-													
										-													

Sub-Total \$ -



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Name: Mayor Heron

Date Submitted 04/12/2021

Month April Year 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
21-04-21	Telus Mobility - Mobile Device Charges	55.00				
01-04-21	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404	1010	516112	N/A Mobile Device Charges
			6404	1010	516112	N/A Office/Operating Supp

Sub-Total \$ 78.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
04/21/2021	Registration - 2021 Mayor's State of the City					36.75		36.75
04/21/2021	Registration - Annual Chamber Golf Tournament					157.50		157.50
								-
								-
								-
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								-
								-
								-
								-

Sub-Total \$ 194.25



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 04/12/2021 Month: April 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)								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

Claim Reminders:

** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**

- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
- Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
- A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
- 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.
- 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)
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed

Grand Total Expenses	\$ 272.25
Less: BMO MasterCard	-\$ 194.25
Less: Expenses Paid	\$ -
Net to be paid to Mayor Heron	\$ 78.00

Training and Development Activities		
Date	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Board, Committee, Agency Name	Updates
2021-04-01	Edmonton Global Air Cargo & Air Passenger Summit III	
2021-04-06	Regular Council Meeting	
2021-04-07	Agenda Planning	
2021-04-12	Community Living Standing Committee	
2021-04-12	Community Growth and Infrastructure	
2021-04-13	Agenda Planning	
2021-04-15	Edmonton Global Shareholder AGM Meeting	
2021-04-19	Regular Council Meeting	
2021-04-23	Recovery Task Force Meeting	
2021-04-23	Northern Alberta Mayors' & Reeves' Caucus	
2021-04-27	Agenda Planning	
2021-04-01	Mid-Sized Mayors' Caucus meeting	



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Date Submitted 04/12/2021

Month April Year 2021



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Name: Mayor Heron

Date Submitted 04/12/2021

Month April Year 2021

Authorizations & Approvals Mayor Heron 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]

 Preparer's Signature Date (DD/MM/YY)

Council Member
 I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of 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/YY)

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

Lynda Lavallee

 Accounts Payable Personnel Signature Date (DD/MM/YY)

Chief Financial Officer
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Diane McMordie

 Chief Financial Officer Signature Date (DD/MM/YY)

Chief Administrative Officer (City Manager)
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

[Signature]

 City Manager Signature Date (DD/MM/YY)



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Name: Mayor Heron

Date Submitted 05/10/2021

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/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project CAT2	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/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4	
										-												
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Sub-Total \$ -



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Date Submitted 05/10/2021

Month May Year 2021

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Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
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21-05-21	Telus Mobility - Mobile Device Charges	55.00				
01-05-21	Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum)	23.00	6404	1010	516112 N/A	Mobile Device Charges
			6404	1010	516112 N/A	Office/Operating Supp

Sub-Total \$ 78.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
04/28/2021	Breaking down Budget 2021 w/M. Mary Ng registration					10.50		10.50
04/22/2021	Refund for Registration - Annual Chamber Golf Tournament					- 157.50		- 157.50

Sub-Total -\$ 147.00



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Date Submitted 05/10/2021

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)								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

Claim Reminders:

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- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed

Grand Total Expenses	\$	69.00
Less: BMO MasterCard	\$	147.00
Less: Expenses Paid	\$	-
Net to be paid to Mayor Heron	\$	78.00

Training and Development Activities		
Date	Description of Activity Content and any learning/information worth sharing	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Board, Committee, Agency Name	Updates
05/03/2021	City Council Meeting	
05/04/2021	Agenda Planning	
05/10/2021	Community Living Standing Committee	
05/10/2021	Community Growth and Infrastructure	
05/11/2021	Agenda Planning	
05/11/2021	Annual Chamber of Commerce meeting with Council	
05/17/2021	City Council Meeting	
05/20/2021	Annual Library Board Meeting with Council	
05/25/2021	Agenda Planning	
05/26/2021	Recovery Task Force Meeting	
05/26/2021	Mid-Sized Cities Mayors Caucus	
05/27/2021	Recreation Task Force Meeting	



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Month May Year 2021



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Name: Mayor Heron

Date Submitted 05/10/2021

Month May Year 2021

Authorizations & Approvals Mayor Heron May 2021

Preparer
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 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/YY)

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/YY)

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

[Signature]

 Accounts Payable Personnel Signature Date (DD/MM/YY)

Chief Financial Officer
 I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

[Signature]

 Chief Financial Officer Signature Date (DD/MM/YY)

Chief Administrative Officer (City Manager)
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[Signature]

 City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 07/08/2021

Month: June Year: 2021

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way (Return Chart)	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/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project	CAT4		
																	Sub-Total		\$	-			

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way (Return Chart)	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/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4		
																	Sub-Total		\$	-			



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Name: Mayor Heron

Date Submitted 07/08/2021

Month June Year 2021



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 07/08/2021 Month: June Year: 2021

Authorizations & Approvals Mayor Heron June 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: [Signature] Date: [Date]

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: [Signature] Date: [Date]

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support.
Signature: [Signature] Date: [Date]

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: [Signature] Date: [Date]

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: [Signature] Date: [Date]