

Select From List

Do not enter in
"Grey" cells

Name:

Councillor Brodhead

Date Submitted 06-08-21 Month July Year 2021

General Council R	Polotod Rusinoss			Mileage Claim kn	n's			Mileage Claim	Mileage	Other			Registration /Event Ticket						
General Council N	Related Busilless	In-Region Mileage Cla	aim bassal on Chart	One Way (From	Out-of-Region Milea	ge Claim (or In-Region, c mileage)	One Way /Return	km's-	Amount @	Transportation & Parking *	A accommodations *		/Event Ticket	General	Total		GL Coding		
		in-Region Mileage Cia	aim based on Chart	/Return Criart)	specific	<u>c mileage)</u>	/Return Specific 0.505/km Parking * Accommodations * Airfare*					Alliare Ivieals	e* Meals * * Expenses * Total			CAT 2			
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226 122	1 1222	1222		ACCT (Cost Ctr Project CA	T4	
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Professional Deve	elopment	<u>In-Region Mileage C</u>		One Way	Out-of-Region Mileag	ne Claim (or In-Region, mileage)	One Way /Return	Claim-	Mileage Amount @ 0.505/km	Other Transportation a Parking *	& Accommodations *	Airfare*		or Course Registration /Event Ticket *	General expenses * Tota	al		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	122	1 1222	2 1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total	\$ -



Select From List Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted 06-08-21 Month July Year 2021

AUMA or FCM Cor	ovention or Board Expenses	In-Region Mileage Cla	aim based on Chart	One Way C	fileage Claim (From Chart)	Out-of-Region Mileac	e Claim (or In-Region, mileage)			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	2 1226	3 1227	7 1225	1224		ACCT	CAT 2 Cost Ctr Project	: : CAT4
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Sub-Total \$

222 1222	ACCT Cost Ctr CAT3 CAT4



Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted 06-08-21 Month July Year 2021

Operating Suppli	Departing Supplies/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)						
					CAT 2	Expe	nse
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	Project CAT	7 Type	
25-07-2	Bell Mobility - Office Mobile	55.00	6	6404 1010	516104 N	/A <mark>Mobil</mark>	e Device Charge
18-07-2	Shaw - Home Office Internet	70.00	6	6404 1010	516104 N	/A Office	e/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)							
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Name:	Councillor Brodhead	Date Submitted	06-08-21	Month	July	Year	2021	

Expenses Paid Dire	ectly 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:

** 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 Brodhead 125.00

Training and Dev	relopment Activities	
Activity Name	Description of Activity Content and any learning/inf	formation worth sharing
Board, Committee	e, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)
Date	Meeting	Updates
07/05/2021	Council Meeting	
07/05/2021	Council Meeting	
07/08/2021	Audit & Finance Committee Meeting	
07/12/2021	cgisc	
0771272021	COIGC	
07/14/2021	EMTSC HR & Compensation Committee	
07/22/2021	EMTSC Board Meeting	

C	City of	Council Member Monthly Expense Claim Form		
Ot	Albert Cultivate Life		Select From List	
			Do not enter in "Grey" cells	
Name:	Councillor Brodhead	Date Submitted 06-08-21 Month	July Year	2021



		Select From List			
		Do not enter in "Grey" cells			
nth	July	Year	202	21	

Authorizations & Approvals		Councillor Brodhead	July	2021
Preparer If claim form was prepared by an individual other than the Council Member, sign and date in this expense claim form-was prepared in accordance with all information provided by the Council Member, sign and date in the Counci				
Council Member				
I certify that the expenditures claimed on this form were incurred while conducting busines was completed by another individual. All applicable receipts have been attached.	s 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		
Wes Brodhead Wes Brodhead (Aug 9, 2021 16:27 MDT)	Aug 9, 2021			
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable				
I have reviewed this claim for mathematical accuracy and documentation support.				
Lynda Lavallee (Aug 9, 2021 16:30 MDT)	Aug 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 ar	d documentation provided are in accordance with Council policy C-CC-03 Council Rem	uneration and Expense Reimbursement		
Que Viele				
Anne Victoor (Aug 10, 2021 09:05 MDT)	Aug 10, 2021			
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 an	d documentation provided are in accordance with Council policy C-CC-03 Council Rem	uneration and Expense Reimbursement		
feidolle	Sep 3, 2021			
City Manager Signature	Date (DD/MM/YY)			

P:\Mayor's Office\Expenses - F00\2021\7 - July\Brodhead\[Brodhead - Council Expense Claim.xlsm]Claim Form



Select From List

Do not
enter in
"Grey" cells

lame:	Councillor Brodhead

Date Submitted 09/09/2021 Month August Year 2021

eneral Council	Related Business	In-Region Mileage Cl	aim hased on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim km's-	Mileage Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding	1
ate (DD/MM/YY	Nature of Event/Meeting	From	To	// totulii			То		Ореспіс	1220		•				•		ACCT	CAT Cost Ctr Proje	2
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 Professional Development
 In-Region Mileage Claim based on Chart
 Mileage Claim (From In-Region Mileage Claim (or In-Region Mileage Claim (or

Sub-Total	\$ -		



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 09/09/2021

onth August Yea

2021

AUMA	AUMA or FCM Convention or Board Expenses		In-Region Mileage C	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 Co		
Date (I	DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1 1222	1226	122	7 1225	1224		ACCT	Cost Ctr P	CAT 2 Project CA	\T4
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Sub-Total \$

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl			Out-of-Region Mileag	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	1220	1225	1226	3 122	1 1222	1222	!	ACCT Cost Ctr CAT3 CAT4
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Select From List Do not enter in "Grey" cells

Councillor Brodhead

Date Submitted 09/09/2021 Month August Year

Operating Supplie	ies/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		GL Coding	
Date (DD/MM/YY)	Detailed Description		ACCT Cost	CAT 2 Ctr Project CAT7	Expense Type
25-08-21	1 Bell Mobility - Office Mobile	55.00	6404 1010	516104 N	A Mobile Device Char
18-08-21	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)								
03-08-21	Sturgeon County Mayor's Golf Tournament					245.00		245.00
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Sub-Total \$ 245.00





Natifie: Councillor Brodnead Date Submitted (19/19/2021 Month August Year 2021)	Name:	Councillor Brodhead		Month	August	Year	2021	I
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Expenses Paid Di	ectly 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:

 ** 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	\$ -\$ \$	370.00 245.00
Net to be paid to Councillor Brodhead	\$	125.00

Sub-Total

Training and De	velopment Activities	
Activity Name	Description of Activity Content and any learning/in	formation worth sharing
Board, Committe	ee, Agency meetings attended (Includes both Cou	incil appointed and other approved committees)
Date	Meeting	Updates
08/16/21	Council Meeting	
08/18/2021	EMTSC	
08/19/2021	EMTSC	
08/23/2021	CGISC	
08/24/2021	EMTSC	
08/25/2021	EMTSC	

S	Cultivate Life	Council Member Monthly Expense Claim Form Select From List Do not enter in "Grey" cells
Name:	Councillor Brodhead	Date Submitted 09/09/2021 Month August Year 2021
08/30/2021	EMTSC	
08/30/2021	Council Meeting	



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 09/09/2021 Month August Year 2021

Authorizations & Approvals		Councillor Brodhead	August	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 Preparer's Signature	time of submission. 09-09-21 Date (DD/MM/YY)			
Council Member				
	of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the Sep 10, 2021	he 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. Lynua Lavallee Lynda Lavallee (Sep 13, 2021 09:43 MDT)	Sep 13, 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 pro Diane McMordie Diane McMordie (Sep 13, 2021 10:44 MDT)	vided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement $ \underbrace{\text{Sep } 13,2021}_{\text{constant}} $			
Chief Financial Officer Signature	Date (DD/MM/YY)			
Chief Administrative Officer (City Manager) I have greviewed this disertand am satisfied that the expenses listed and the information and documentation pro	rided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement Sep 23, 2021			
City Manager Signature	Date (DD/MM/YY)			
P:\Mavor's Office\Expenses - F00\:2021\text{\text{18}} - August\Brodhead\Brodhead - August Council Expense Claim.xlsml	Note France		l	



Select From List Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted 12-10-21 Month September Year 2021

General Council Related Business	In-Region Mileage Cla	iim based on Chart	Mileage Claim km's One Way /Return Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Mileage Ot Amount @ Tr 0.505/km &	ther ansportation Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket Ge * Ex	eneral kpenses * Tot	tal	GL Coding
		То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		CAT 2 ACCT Cost Ctr Project CAT4
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Milea	ge Claim (or In-Region,	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket *	General Expenses * To	otal		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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Select From List Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted 12-10-21 Month September Year 2021

AUMA or FCM Convention or Board Expenses	In-Region Mileage Cla		One Way CI		Out-of-Region Mileage	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		F	rom	То	CAT7_		1221	1221	1222	1226	3 1227	1225	1224		ACCT	CAT Cost Ctr Proje	
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Sub-Total \$

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Coding	ı
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_	_	1220	1220	1225	1226	1221	1 1222	1222	2	ACCT	Cost Ctr CAT3	CAT4
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Select From List	
Do not enter in "Grey" cells	

Name:

Councillor Brodhead

Date Submitted 12-10-21 Month September Year 2021

Operating Suppli	ies/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		GL	. Coding		
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project CA		rpense rpe
25-09-2°	1 Bell Mobility - Office Mobile		55.00		6404 1010	516104	N/A M	obile Device Cha
18-09-2 ⁻	1 Shaw - Home Office Internet		70.00		6404 1010	516104	N/A O	ffice/Operating S

Sub-Total

\$ 125.00

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
09/02/2021	Chamber Luncheon					40.00		40.00
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Sub-Total

\$ 40.00

1	1. City of	
CA	Libert Cultivate Life	
06/	Wert	
	Cultivate Life	

	Select From List
	Do not enter in "Grey" cells

Name:	Councillor Brodhead	Date Submitted	12-10-21	Month	September	Year	2021	

Expenses Paid Dir	ectly 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:

 ** 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	\$	165.00
Less: BMO MasterCard	-\$	40.00
Less: Expenses Paid	\$	-
Net to be paid to Councillor Brodhead	\$	125.00

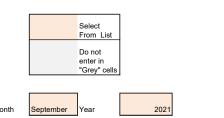
Training and Dev	and Development Activities								
Activity Name	Description of Activity Content and any learning/inf	formation worth sharing							
Board, Committe	e, Agency meetings attended (Includes both Cour	ncil appointed and other approved committees)							
Date	Meeting	Updates							
09/03/2021	Special Council Meeting								
09/08/2021	EMTSC								
09/09/2021	EMTSC								
09/10/2021	CUTA								
09/13/2021	Council Meeting								
09/15/2021	EMTSC HR & Compensation Committee								



	Select From List
	Do not enter in "Grey" cells
September	Year

Name:	Councillor Brodhead	Date Submitted	12-10-21	Month	September	Year	202	<u> </u>
09/16/2021	Special Council Meeting							
09/22/2021	EMTSC							
09/24/2021	Edmonton Salutes							
09/27/2021	EMTSC							
09/28/2021	EMTSC							
09/29/2021	EMTSC							





Name: Councillor Brodhead		Date Submitted 1	2-10-21 Month September	Year 2021	
Authorizations & Approvals			Councillor Brodhead	September	2021
Preparer If claim form was prepared by an individual other than the Council Member, sign and date This expense claim form was prepared in accordance with all information provided by the Preparer's Signature					
Council Member I certify that the expenditures claimed on this form were incurred while conducting business was completed by another individual. All applicable receipts have been attached.	ss on behalf of the City of St. Albert. I understand that submitting a fraudulent clair	m is a very serious matter. I understand that I am solely responsible for the details	of the claim even if the form		
Wes Brodhead Oct 12, 2021 12:10 MDT	Oct 13, 2021				
Council Member's Signature	Date (DD/MM/YY)				
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.					
Lynda Lavalloo Lynda Lavallee (Oct 13. 2021 12:14 MDT)	Oct 13, 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 a	nd documentation provided are in accordance with Council policy C-CC-03 Council	Remuneration and Expense Reimbursement			
Diane McMordie Diane McMordie (Oct 14, 2021 08:00 MDT)	Oct 14, 2021				
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 a	nd documentation provided are in accordance with Council policy C-CC-03 Counci	ll Remuneration and Expense Reimbursement			
fer Solle	Nov 24, 2021				
City Manager Signature	Date (DD/MM/YY)				

P:\Mayor's Office\Expenses - F00\2021\9 - September\Brodhead\[Brodhead - Council Expense Claim.xlsm]Claim Form