



Date Submitted 06-08-21 Month July Year 2021

Sub-Total	\$ -
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Sub-Total	\$ -
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted: 

06-08-21

Month: 

July

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	CAT 2 Project	CAT4
										-							-			A8	AUMA
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 \$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted

06-08-21

Month

July

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	CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description						
25-07-21	Bell Mobility - Office Mobile	55.00		6404 1010	516104	N/A	Mobile Device Charge
18-07-21	Shaw - Home Office Internet	70.00		6404 1010	516104	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 Brodhead

Date Submitted06-08-21MonthJulyYear2021

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\*\*  
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	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Brodhead	\$ 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
07/05/2021	Council Meeting	
07/08/2021	Audit & Finance Committee Meeting	
07/12/2021	CGISC	
07/14/2021	EMTSC HR & Compensation Committee	
07/22/2021	EMTSC Board Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted

06-08-21

Month

July

Year

2021




Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted06-08-21

MonthJuly

Year2021

Authorizations & ApprovalsCouncillor BrodheadJuly2021

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.

06-08-21  
Date (DD/MM/YY)

Preparer's Signature

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.

Aug 9, 2021

[Wes Brodhead \(Aug 9, 2021 16:27 MDT\)](#)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Aug 9, 2021

[Lynda Lavallee \(Aug 9, 2021 16:30 MDT\)](#)

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

Aug 10, 2021

[Anne Victor \(Aug 10, 2021 09:05 MDT\)](#)

Chief Financial Officer Signature

Date (DD/MM/YY)

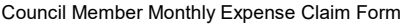
Chief Administrative Officer (City Manager)

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

Sep 3, 2021

City Manager Signature

Date (DD/MM/YY)



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 09/09/2021 Month August Year 2021

[illegible]

Professional Development		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	CAT 2 Cost Ctr Project CAT4
										-							-		
										-							-		
										-							-		
										-							-		
										-							-		
										-							-		
										-							-		
Sub-Total																	\$	-	



# 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

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	CAT 2 Project	CAT4
										-							-				A8 AUMA
										-							-				
										-							-				
										-							-				
										-							-				

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 \$ -



# 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

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)						
25-08-21	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A Mobile Device Charge
18-08-21	Shaw - Home Office Internet	70.00	6404	1010	516104	N/A Office/Operating Supr

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
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 245.00



# 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

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\*\***
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	\$	370.00
Less: BMO MasterCard	-\$	245.00
Less: Expenses Paid	\$	-
Net to be paid to Councillor Brodhead	\$	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
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	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month  Year

08/30/2021	EMTSC	
08/30/2021	Council Meeting	



## 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

### 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 time of submission.

Preparer's Signature

09-09-21  
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.

Wes Brodhead  
Wes Brodhead (Sep 10, 2021 10:56 MDT)

Sep 10, 2021

Date (DD/MM/YY)

#### Accounts Payable

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

Lynda Lavallo  
Lynda Lavallo (Sep 13, 2021 09:43 MDT)

Sep 13, 2021

Date (DD/MM/YY)

Accounts Payable Personnel Signature

#### 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  
Diane McMordie (Sep 13, 2021 10:44 MDT)

Sep 13, 2021

Date (DD/MM/YY)

Chief Financial Officer Signature

#### 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

Ken Doble

Sep 23, 2021

Date (DD/MM/YY)

City Manager Signature



	Select From List
	Do not enter in "Grey" cells

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

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region specific 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 *	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	Project CAT2 CAT 4	
										-							-				
										-							-				
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										-							-				
										-							-				
										-							-				
Sub-Total																		\$	-		

Professional Development		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			
																	ACCT	Cost Ctr	CAT 2 Project CAT4	
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7	1221	1221	1222	1226	1227	1225	1224					
									-							-				
									-							-				
									-							-				
									-							-				
									-							-				
									-							-				
									-							-				
																	Sub-Total	\$	-	



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted12-10-21

MonthSeptember

Year2021

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	CAT 2 Project	CAT4
										-							-			A8	AUMA
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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\$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted: 

12-10-21

Month: 

September

Year: 

2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				Expense Type
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7		
25-09-21	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A	Mobile Device Charge
18-09-21	Shaw - Home Office Internet	70.00	6404	1010	516104	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)								
09/02/2021	Chamber Luncheon					40.00		40.00
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 40.00



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted: 

12-10-21

Month: 

September

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



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted: 

12-10-21

Month: 

September

 Year: 

2021

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	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Brodhead

Date Submitted: 

12-10-21

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 below  
This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

12-10-21  
Date (DD/MM/YY)

Preparer's Signature

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.

Oct 13, 2021

[Wes Brodhead \(Oct 13, 2021 12:10 MDT\)](#)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Oct 13, 2021

[Lynda Lavallee \(Oct 13, 2021 12:14 MDT\)](#)

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

Oct 14, 2021

[Diane McMordie \(Oct 14, 2021 09:00 MDT\)](#)

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

Nov 24, 2021

City Manager Signature

Date (DD/MM/YY)