



Name:  Date Submitted:  Month:  Year:

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 Hughes

Date Submitted: August 11/21

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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 Hughes

Date Submitted: 

August 11/21

Month: 

July

Year: 

2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Date (DD/MM/YY) Detailed Description		Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
13-07-21	Mobility	55.00	6404	1010	516106	N/A	Mobile Device Charge
03-07-21	Shaw Cable	70.00	6404	1010	516106	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 Hughes

Date Submitted: August 11/21

Month: July

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	\$	125.00
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hughes	\$	125.00

Training and Development Activities		
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing	
07/05/2021	Community Amenities Project and Recreation Needs Assessment	
Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Meeting	Updates
07/05/2021	Council Meeting	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted August 11/21

Month July

Year 2021




Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: 

Councillor Hughes

Date Submitted

August 11/21

Month

July

Year

2021

Authorizations & Approvals

Councillor Hughes

July

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.

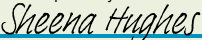


11-08-21  
Date (DD/MM/YY)

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 11, 2021


Sheena Hughes (Aug 11, 2021 16:55 MDT)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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



Aug 12, 2021


Lynda Lavallee (Aug 12, 2021 08:03 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 12, 2021

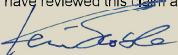
Anne Victoor (Aug 12, 2021 08:46 MDT)

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 29, 2021

Jennifer Soble (Sep 29, 2021 10:00 MDT)

City Manager Signature

Date (DD/MM/YY)





Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 13-09-21 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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 Hughes

Date Submitted 13-09-21 Month August Year 2021

Operating Supplies/Telephone/Internet/Sponsorships				GL Coding			
		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description						
13-08-21	Mobility		55.00		6404 1010	516106 N/A	Mobile Device Charge
03-08-21	Shaw Cable		70.00		6404 1010	516106 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 Hughes

Date Submitted 13-09-21 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	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hughes	\$ 125.00

Training and Development Activities		
Date (DD/MM/YY)	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	Meeting	Updates
08/16/2021	Council Meeting	
08/23/2021	CLSC	
08/25/2021	Not for Profit Meetings with Council	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Date Submitted

Month  Year

08/30/2021	Council Meeting	



# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:  Date Submitted:  Month:  Year:

## Authorizations & Approvals

Councillor Hughes 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 Date (DD/MM/YY) 09/13/21

### 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.

  
Sheena Hughes (Sep 13, 2021 09:38 MDT)  
Council Member's Signature Date (DD/MM/YY) Sep 13, 2021


### Accounts Payable

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

  
Lynda Lavallee (Sep 13, 2021 09:41 MDT)  
Accounts Payable Personnel Signature Date (DD/MM/YY) Sep 13, 2021

### 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 (Sep 13, 2021 10:42 MDT)  
Chief Financial Officer Signature Date (DD/MM/YY) Sep 13, 2021

### 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

  
City Manager Signature Date (DD/MM/YY) Sep 23, 2021



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted  Month  Year

[illegible]

Sub-Total	\$ -
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[illegible]

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

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted October 13/21 Month September 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	
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 Hughes

Date Submitted October 13/21 Month September 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						
13-09-21	Mobility Sept 1 - 20, 2021		36.67		6404 1010	516106	N/A Mobile Device Charge
03-09-21	Shaw Cable Sept 1 - 20, 2021		46.67		6404 1010	516106	N/A Office/Operating Supp

Sub-Total \$ 83.34

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 Hughes

Date Submitted: October 13/21 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	\$	83.34
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Hughes	\$	83.34

Training and Development Activities		
Date (DD/MM/YY)	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	Meeting	Updates
09/03/2021	Special Council Meeting	
09/13/2021	Council Meeting	





Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: 

Councillor Hughes

Date Submitted: 

October 13/21

Month: 

September

Year: 

2021




# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted October 13/21 Month September Year 2021

Authorizations & Approvals Councillor Hughes 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.

Preparer's Signature [Signature] 13-10-21  
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.

Sheena Hughes Oct 17, 2021  
[Sheena Hughes \(Oct 17, 2021 13:07 MDT\)](#)  
Council Member's Signature Date (DD/MM/YY)

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

Lynda Lavallee Oct 18, 2021  
[Lynda Lavallee \(Oct 18, 2021 08:59 MDT\)](#)  
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

Diane McMordie Oct 18, 2021  
[Diane McMordie \(Oct 18, 2021 09:10 MDT\)](#)  
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

[Signature] Oct 25, 2021  
City Manager Signature Date (DD/MM/YY)