



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 12-08-21

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	Project CAT 2 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 \$ -



Council Member Monthly Expense Claim Form

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Name: Councillor Joly

Date Submitted 12-08-21

Month July Year 2021

Operating 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)	Total	GL Coding				Expense
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project	CAT 7	Type
07/01/2021	Mobile Device		55.00	6404	1010	516108	N/A	Mobile Device Charge
07/17/2021	Home Office Internet		70.00	6404	1010	516108	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

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Name: Councillor Joly

Date Submitted 12-08-21 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)								
								-
								-
								-
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								-
								-
								-
								-

- 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

Sub-Total \$ -

Grand Total Expenses	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Joly	\$ 125.00

Training and Development Activities		
Date	Description of Activity Content and any learning/information worth sharing	
07/05/2021	Council Workshop - Amenities Project and Recreation Needs Assessment	
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)		
Date	Board, Committee, Agency Name	Updates
07/05/2021	Council Meeting	
07/13/2021	Agenda Planning	
07/16/2021	Homeland Housing	
07/23/2021	Homeland Housing Board Governance Policy Committee	



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

07/30/2021	Homeland Housing	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted Month Year

Authorizations & Approvals

Councillor Joly 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.

21-08-12
Preparer's Signature Date (DD/MM/YYYY)

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 26, 2021
Natalie Joly (Aug 26, 2021 16:36 MDT)
Council Member's Signature Date (DD/MM/YYYY)

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

Aug 27, 2021
Barbara Heemskerk (Aug 27, 2021 10:43 MDT)
Accounts Payable Personnel Signature Date (DD/MM/YYYY)

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 27, 2021
Diane McMordie (Aug 27, 2021 10:59 MDT)
Chief Financial Officer Signature Date (DD/MM/YYYY)

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
City Manager Signature Date (DD/MM/YYYY)



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 09/09/2021

Month August Year 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 CAT4
										-							-			A10 General Council Business
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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		
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
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										-							-			
Sub-Total																	\$ -			



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Name: Councillor Joly

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 *	Commerence 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
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										-							-			

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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Name: Councillor Joly

Date Submitted 09/09/2021

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						
08/01/2021	Mobile Device		55.00	6404 1010	516108	N/A	Mobile Device Charge
08/17/2021	Home Office Internet		70.00	6404 1010	516108	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)								
								-
								-
								-
								-
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								-
								-
								-

Sub-Total \$ -



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Name: Councillor Joly

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****
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
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 - 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 Joly	\$ 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 of Meeting	Board, Committee, Agency Name	Updates
08/03/2021	Homeland Housing	
08/05/2021	Public Participation - Planning Forward: Setting the Context	
08/10/2021	Agenda Planning	
08/10/2021	Homeland Housing	
08/11/2021	Homeland Housing	
08/16/2021	Council Meeting	



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Date Submitted 09/09/2021

Month August Year 2021

08/17/2021	Homeland Housing	
08/17/2021	Agenda Planning	
08/23/2021	CLSC	
08/23/2021	Homeland Housing	
08/24/2021	Homeland Housing	
08/24/2021	Agenda Planning	
08/25/2021	Not for Profit Meetings with Council	
08/27/2021	Homeland Housing	
08/30/2021	Council Meeting	
08/31/2021	Homeland Housing	



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Date Submitted

Month Year

Authorizations & Approvals

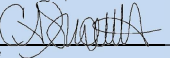
Councillor Joly

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)

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.


Natalie Joly (Sep 23, 2021 16:51 MDT)
Council Member's Signature
Date (DD/MM/YY)


Accounts Payable

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


Barbara Heemskerk (Sep 24, 2021 07:59 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 (Sep 24, 2021 12:54 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.


City Manager Signature
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

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Name: Councillor Joly

Date Submitted 06-10-21 Month September Year 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		
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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		
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
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										-							-			
Sub-Total																	\$ -			



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Name: Councillor Joly

Date Submitted 06-10-21 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
										-							-				
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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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Name: Councillor Joly

Date Submitted 06-10-21 Month September 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
09/01/2021	Mobile Device	55.00	6404	1010	516108 N/A	Mobile Device Charge
09/17/2021	Home Office Internet	70.00	6404	1010	516108 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)								
								-
								-
								-
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								-
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								-

Sub-Total \$ -



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Name: Councillor Joly

Date Submitted 06-10-21 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**
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Grand Total Expenses	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Joly	\$ 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 of Meeting	Board, Committee, Agency Name	Updates
09/03/2021	Board Governance & Policy Review	
09/03/2021	Special Council Meeting	
09/07/2021	Agenda Planning	
09/13/2021	Council Meeting	
09/13/2021	Homeland Housing	
09/14/2021	Homeland Housing	



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Name:

Date Submitted Month Year

09/16/2021	Special Council Meeting	
09/16/2021	AHS Community Engagement	
09/22/2021	Arts Development Advisory Committee	
09/23/2021	Homeland Housing	
09/28/2021	Homeland Housing	



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Name:

Date Submitted Month Year

Authorizations & Approvals Councillor Joly September 2021

Preparer
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.
This expense 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 the information provided by the Council Member at the time of submission.

06-10-21
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.

Oct 12, 2021
Council Member's Signature Date (DD/MM/YY)

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

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 and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

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 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)