



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 07/05/2021

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 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 MacKay

Date Submitted 07/05/2021

Month July Year 2021

| Operating Supplies/Telephone/Internet/Sponsorships | | Total | GL Coding | | | |
|---|----------------------|-------|-----------|----------|---------------|--------------------------|
| Date (DD/MM/YY) | Detailed Description | | ACCT | Cost Ctr | CAT 2 Project | Expense Type |
| Mobile Device (Max \$55/Month), Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship) | | | | | | |
| 26/07/2021 | Home Office Internet | 70.00 | 6404 | 1010 | 516109 | N/A Mobile Device Charge |
| | | | | | | Office/Operating Supp |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Sub-Total \$ 70.00

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|---------------------------------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| Date (DD/MM/YY) | Description | | | | | | | |
| 06/23/2021 | 2021 Summer Municipal Leaders' Caucus | | | | | 100.00 | | 100.00 |
| | | | | | | | | - |
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Sub-Total \$ 100.00



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Month July Year 2021

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Name: Councillor MacKay

Date Submitted 07/05/2021

Month July Year 2021

Authorizations & Approvals Councillor MacKay 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.
Rayann Lester
Rayann Lester (Aug 5, 2021 13:22 MDT)
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.
Ken MacKay
Ken MacKay (Aug 7, 2021 13:20 MDT)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Barbara Heemskerk
Barbara Heemskerk (Aug 10, 2021 09:28 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.
Anne Victor
Anne Victor (Aug 10, 2021 09:45 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.
Ken Stoble
City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 15/09/2021

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 | 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 | | | | | | | | | | | | | | | | | | \$ | - | | |



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 15/09/2021

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) | | | | | | |
| 26/09/2021 | Home Office Internet | 70.00 | | 6404 1010 | 516109 N/A | Mobile Device Charges Office/Operating Suppl |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Sub-Total \$ 70.00

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|---|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| Date (DD/MM/YY) | Description | | | | | | | |
| 08/04/2021 | Leduc/Wetaskiwin Chmbr 2021 August Luncheon with Provincial Leaders - Councillor MacKay | | | | | 47.25 | | 47.25 |
| 08/05/2021 | Sturgeon County Golf Tournament | | | | | 245.00 | | 245.00 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
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| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 292.25



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 15/09/2021

Month August Year 2021

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Council Member Monthly Expense Claim Form

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|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

Name: Councillor MacKay

Date Submitted: 15/09/2021

Month: August Year: 2021

Authorizations & Approvals Councillor MacKay 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.

Rayann Lalorice
 Rayann Lalorice (Sep 15, 2021 13:15 MDT)
 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.

Ken MacKay
 Ken MacKay (Sep 21, 2021 17:58 MDT)
 Council Member's Signature _____ Date (DD/MM/YY) _____

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

Barbara Heemskerck
 Barbara Heemskerck (Sep 22, 2021 13:20 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
 Diane McMordie (Sep 24, 2021 08:03 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

Ken Doble
 Ken Doble
 City Manager Signature _____ Date (DD/MM/YY) _____



Council Member Monthly Expense Claim Form

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Name: Councillor MacKay

Date Submitted 06/10/2021

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 * | Registration /Event Ticket * | General Expenses * | Total | GL Coding | | | |
|--|-------------------------|--|----|-----------------|----------------------------|---|----|-----------------|------------------------|---------------------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|-------|-----------|----------|--------------|--|
| Date (DDMMYY) | Nature of Event/Meeting | From | To | | | From | To | CAT7 | | 1221 | 1221 | 1222 | 1226 | 1227 | 1225 | 1224 | | ACCT | Cost Ctr | 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 (DDMMYY) | 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

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 06/10/2021 Month: September 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 | | | |
|--|----------------------|--|-------|-----------|-----------|--------------------|---|
| Date (DDMMYY) | Detailed Description | | | ACCT | Cost Ctr | CAT 2 Project CAT7 | Expense Type |
| 28/09/2021 | Home Office Internet | | 70.00 | | 6404 1010 | 516109 N/A | Mobile Device Charge Office/Operating Supp |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Sub-Total \$ 70.00

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|------------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|-------|
| Date (DDMMYY) | Description | | | | | | | |
| 09/02/2021 | Chamber Luncheon | | | | | 40.00 | | 40.00 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 40.00



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Name: Councillor MacKay

Date Submitted: 06/10/2021 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 | \$ 110.00 |
| Less: BMO MasterCard | \$ - 40.00 |
| Less: Expenses Paid | \$ - |
| Net to be paid to Councillor MacKay | \$ 70.00 |

| Training and Development Activities | | |
|--|--|---------|
| Date | Description of Activity Content and any learning/information worth sharing | |
| 09/02/2021 | Community Crime Prevention with Minister Madu and Hon. Dale Nally | |
| | | |
| | | |
| Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees) | | |
| Date of Meeting | Name of Meeting | Updates |
| 09/03/2021 | Special Council Meeting | |
| 09/10/2021 | ALUMA Safe & Healthy Communities Committee | |
| 09/13/2021 | Council Meeting | |
| 09/14/2021 | Mayor's Taskforce on Homelessness Working Committee | |
| 09/16/2021 | Special Council Meeting | |
| 09/17/2021 | ACRWC Board Meeting | |
| 09/21/2021 | Policing Committee Meeting | |



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Name:

Date Submitted

Month Year

| | | |
|------------|---------------|--|
| 09/23/2021 | ERWAC Meeting | |
| | | |
| | | |



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Date Submitted: 06/10/2021 Month: September Year: 2021

Authorizations & Approvals Councillor MacKay 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. [Signature] 06-10-21 Date (DDMMYY)

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: Ken MacKay] Oct 29, 2021 Date (DDMMYY)

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. [Signature: Danielle Parsons] Nov 1, 2021 Date (DDMMYY)

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: Diane McMordie] Nov 3, 2021 Date (DDMMYY)

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] Nov 3, 2021 Date (DDMMYY)