

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 07/05/2021

Month July

2021

General Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Mileage Other Amount @ Transporta 0.505/km Parking *	ion & Accommodation	s * Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225 122	6 1221	1222	1222		ACCT	CAT 2 Cost Ctr Project	t CAT4
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Sub-Total \$ -

Professional Deve	plopment	In-Region Mileage Cla			Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Wav	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference 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	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total

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Select From List

Do not enter in "Grey"
cells

Name:

Councillor MacKay

Date Submitted 07/05/2021

Month July Ye

2021

AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cl		One Way	Mileage Claim (From Chart)		e Claim (or In-Region, mileage)	One Way	Claim-		Other Transportation & Parking *	Accommodations *	Airfare*		Conference 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	1226	1227	1225	1224	1	ACCT	CAT Cost Ctr Proje	2 ct CAT4
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Sub-Total

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Office of the Mayo	r (Official Events & Duties)	In-Region Mileage Cla		Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total	GI	Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220) 1225	1226	1221	1222	1222		ACCT Cost Ctr	CAT3 CAT4	
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Sub-Total

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Select From List

Do not enter in "Grey"
cells

Name:

Councillor MacKay

Date Submitted 07/05/2021

Month July

2021

Operating Supplie	es/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		GI	L Coding		
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	е
26/07/2021	Home Office Internet		70.00		6404 1010	516109 N/	Mobile D	Device Charges
							Office/C	perating Supp

Sub-Total

\$ 70.00

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

Sub-Total

\$ 100.00



Select From Do not enter in "Grey"

Name:	Councillor MacKay

Date Submitted 07/05/2021

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)
- 7. Incomplete expense claims will not be processed

Grand Total Expenses 170.00 Less: BMO MasterCard 100.00 Less: Expenses Paid

\$ -

70.00

\$

Net to be paid to Councillor MacKay

Sub-Total

Training and Dev	elopment Activities	
Activity Name	Description of Activity Content and any learning/	
Activity Name	Description of Activity Content and any learning/	micrimation with sharing
07/05/2021	Council Workshop: Community Amenities Proje	ct and Recreation Needs Assessment
Board, Committe	ee, Agency meetings attended (Includes both C	ouncil appointed and other approved committees)
Date of Meeting	Name of Meeting	Updates
07/05/2021	Regular Council Meeting	
07/12/2021	Community Growth and Infrastructure	
07/29/2021	AUMA Summer Caucus	
07/300/2021	Recovery Task Force Meeting	

St	Albert Cultivate Lafe	Council Member Monthly Expense Claim Form		Select From List Do not enter in "Grey"		
Name:	Councillor MacKay	Date Submitted 07/05/2021 Month	July	Year	2021	



Select From List

Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted 07/05/2021 Month July Year 2021

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Counted Parallel Les of Common Counted Counte	horizations & Approvals		Councillor MacKay	July	
a openine deep flow provided by the Council Members at the three of submission. Desire (COMMAYY)					
Date (DOMANYY)	expense claim form was prepared in accordance with all information provided by the Council Member a	at the time of submission.			
Date (DOMANYY)	SANT MARKET STATE OF THE SANT				
And Member This has the expenditures defined on the form were incurred while conducting business on behalf of the City of St. Abort. 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 completed by surcher individual. All applicables receipts have been attached.	vann Laforce (Aug 5, 2021 13:22 MDT)	D-t- (DDRMAN)			
This hash the expenditures claimed on this form were incurred white conducting business on behalf of the City of St. Albert. Londerstand that submitting a fraudulent claim is a very serious matter. Londerstand that I am selely responsible for the details of the claim even if the form completed by another individual. All applicable receipts have been attached.	parer's aignature	Date (DD/MW/TT)			
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Incid Member's Signature Date (DDMM/YY)					
Counts Payable we reviewed this claim for mathematical accuracy and documentation support. Author Home McCerc Doors reconsider (ling 10, 2010 to 20 Mill) Outs Payable Personnel Signature Date (DDMM/YY) If Financial Officer County Type The County Type Date (DDMM/YY)	MacKay (Aug 7, 2021 13:20 MDT)				
The provided this claim for mathematical accuracy and documentation support. Author Auth	ncil Member's Signature	Date (DD/MM/YY)			
Transcial Officer Signature Date (DDIMMYY) At Administrative Officer (City Manager) Approximate the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement				l	
Date (DD/MM/YY) of Financial Officer or griever the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement of Financial Officer (City Manager) of Administrative Officer (City Manager)					
Date (DDMM/YY)					
Date (DD/MM/YY) If Financial Officer Provided 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 If Financial Officer Signature Date (DD/MM/YY) If Administrative Officer (City Manager) In accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement If Administrative Officer (City Manager) In accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement					
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or yiewed 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 of Financial Officer Signature Date (DD/MM/YY) of Administrative Officer (City Manager) reverviewed this claims 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					
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Wirtchor (Aug 10, 2021 09:45 MDT) If Financial Officer Signature Date (DD/MM/YY) In Administrative Officer (City Manager) Perveviewed this claims are an 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	re-griewed 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			
f Financial Officer Signature Date (DDIMMYY) of Administrative Officer (City Manager) represented this claims affician sixteen statistical that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement					
f Administrative Officer (City Manager) Previewed this dains 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					
ereviewed this dains affecting 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	Financial Officer Signature	Date (DD/MM/YY)			
refreviewed this daim and an suttsfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement					
	of Administrative Officer (City Manager)				
entoke		provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
	Endolla				
Manager Signature Date (DD/MM/YY)		Date (DD/MM/YY)			

C:\Users\rilloyd\Desktop\Council Expense Claims\Monthly Expense Claims\Clir MacKay\July\[MacKay - July Council Expense Claim.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

Name: Councillor MacKay Date Submitted 15/09/2021

Month August

2021

General Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way		ge Claim (or In-Region.	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		G	L Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	122	5 1226	1221	1222	122	2	ACCT	Cost Ctr	CAT 2 Project CAT4
12/08/2021	Treaty 6 in person invitations				St. Albert	Spruce Grove	One Way	28.30	14.29							14.29	6140	1010	516109
2/08/2021	Treaty 6 in person invitations				Spruce Grove	Enoch	One Way	14.60	7.37							7.37	6140	1010	516109
2/08/2021	Treaty 6 in person invitations				Duffield	Spruce Grove	One Way	34.70	17.52							17.52	6140	1010	516109
2/08/2021	Treaty 6 in person invitations				Spruce Grove	St. Albert	One Way	32.10	16.21							16.21	6140	1010	516109
5/08/2021	Treaty 6 in person invitations				St. Albert	Metis Regional Council Zone	Return	14.30	7.22							7.22	6140	1010	516109
2/08/2021	Treaty 6 in person invitations				St. Albert	Confederacy of Treaty 6 First Nation	One Way	12.60	6.36							6.36	6140	1010	516109
2/08/2021	Treaty 6 in person invitations				Confederacy of Treaty 6 First Nation	The Metis Nation of Alberta	One Way	8.70	4.39							4.39	6140	1010	516109
2/08/2021	Treaty 6 in person invitations				The Metis Nation of Alberta	St. Albert	One Way	12.90	6.51							6.51	6140	1010	516109
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														Sub-Total		\$ 79.89			

\$ -

Professional Development	essional Development In-Region Mileage Claim based on 0			Mileage				Claim-		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_		1221	1221	1222	1226	122	7 1225	5 1224	1	ACCT Cost Ctr Project CAT4
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Sub-Total

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Select From List

Do not enter in "Grey"
cells

Name:

Councillor MacKay

Date Submitted 15/09/2021

Month August Y

2021

AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cl		One Way	Mileage Claim (From Chart)	Out-of-Region Mileag		One Way	Claim-		Other Transportation & Parking *	Accommodations *	Airfare*		Conference 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	1226	1227	1225	1224	1	ACCT	CAT: Cost Ctr Project	2 ct CAT4
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Sub-Total

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Office of the May	or (Official Events & Duties)	In-Region Mileage Cl			Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Claim-	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		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	1221	1222	2 1222	2	ACCT Cost Ctr CAT3 C	CAT4

Sub-Total

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Select From List

Do not enter in "Grey"
cells

Name:

Councillor MacKay

Date Submitted 15/09/2021

Month August

2021

Operating Supplie	es/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		G	L Coding		
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	•
26/09/2021	Home Office Internet		70.00		6404 1010	516109 N/A	Mobile De	evice Charges
							Office/Op	perating Suppl

Sub-Total

\$ 70.00

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
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



Select From Do not enter in "Grey"

				1			
Name:	Councillor MacKay	Date Submitted	15/09/2021	Month	August	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)
- 7. Incomplete expense claims will not be processed

Grand Total Expenses \$ 442	- 1
Grand Total Expenses \$ 442.	4
Less: BMO MasterCard -\$ 292.	25
Less: Expenses Paid \$	-
Net to be paid to Councillor MacKay \$ 149.	9

\$ -

Sub-Total

Training and Deve	elopment Activities	
Activity Name	Description of Activity Content and any learning/infor	mation worth sharing
Board Committee	e, Agency meetings attended (Includes both Coun	icil appointed and other approved committees)
Date of Meeting	Name of Meeting	Updates
08/16/2021	Council Meeting	
08/23/2021	Community Living Standing Committee Meeting	
08/23/2021	Community Growth & Infrastructure Standing Committee	
08/25/2021	Not for Profit Meetings with Council	
08/30/2021	Council Meeting	
08/31/2021	Internal Discussion - St. Albert Sturgeon County Recreation Agreement	
08/31/2021	Board Appreciation Event	
00/31/2021	Board Appreciation Event	
·		

CZ	City of	Council Member Monthly Expense Claim Form				
06	Cultivate Life			Select From List		
				in "Grey" cells		
Name:	Councillor MacKay	Date Submitted 15/09/2021 Month	August	Year	202	11



Select From List Do not enter in "Grey" cells

Name: Councillor MacKay Date Submitted 15/09/2021

Month

2021

Section 1 Application of the common section 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 so completed by another verbidosia. All applicable receipts have been attacked. **County 1 (1984 1001)** **Date (DOMMYY)** **Date (DOMMYY)	claim form was prepared by an individual other than the Council Member, sign and date below is expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.		
The County of Septiate County of			
and Member's Signature Date (DOMM/YY)	ayann Laforce (Sep 15, 2021 13:15 MDT)		
Date (DDMM/YY)	ertify 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 understan is completed by another individual. All applicable receipts have been attached. KEN MACKAY	d that I am solely responsible for the details of the claim even if the form	
San Farm Heemskery Signature Date (DDMMYY)			
ide Financial Officer aver 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 Council Remuneration and Expense Reimbursement	ave reviewed this claim for mathematical accuracy and documentation support. Barbara Heemskerk		
The provided this claim and an 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 Mr. Morrdie (Sep 24, 2021 08:03 MDT) Date (DD/MM/YY) Date (DD/MM/YY) Date (DD/MM/YY) Date (DD/MM/YY) Date (DD/MM/YY) Date (DD/MM/YY)	counts Payable Personnel Signature Date (DD/MM/YY)		
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itelf Administrative Officer (City Manager) any reviewed this description is utilisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	iane McMordie	ement	
have reviewed this dam are sutsified that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	nief Financial Officer Signature Date (DD/MM/YY)		
tentolle	nief Administrative Officer (City Manager)		
		ement	

SE	Albert						Council M	ember	Monthl	y Expen	se Claim F	Form				Select From List Do not enter in "Grey" cells				
Name:	Councillor MacKay										Date Submitted	06/10/2021]	Month	September	Year	202			
General Council F	Related Business	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region, nileage)	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 CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr Project CAT4	
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Professional Deve	elopment	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region, nileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Project CAT4	
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SE	Albert Califyate Life						Council M	lember	Monthl	y Expen	ise Claim F	Form				Select From List Do not enter in "Grey" cells			
Name:	Councillor MacKay										Date Submitted	06/10/2021]	Month	September	Year	202	1	
AUMA or FCM Cor	ovention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket	General Expenses *	Total		GL Coding CAT 2
Date (DD/MMYY)	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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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, 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	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CAT4
	<u> </u>																		
										-							-		
										-							-	-	
																	-		
															Sub-Total		\$ -		

St	Councillor MacKay	Council Member Monthly Expe	nse Claim F]	Month		Select From List Do not enter in "Grey" cells	202					
Operating Supplie	es/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		•	SL Coding CAT 2		
Date (DD/MM/YY)	Detailed Description									ACCT	Cost Ctr	r Project CAT7	Expense Type	
26/09/2021	Home Office Internet								70.00	4	6404 1010	516109 N/A	Mobile Devi	ice Charge
										4			Office/Open	rating Supp
										1				
										4				
										4				
							Sub-Total		\$ 70.00					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total					
Date (DD/MM/YY)														
										1				

3 of

\$ 40.00

Sub-Total

St	Albert Colones Life	Council Member Monthly Expens	se Claim F	Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor MacKay		Date Submitted	06/10/2021]	Month	September	Year	2021	
Expenses Paid D	irectly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total	
Date (DD/MM/YY)										
									_	
									_	1
									-	
									-	
									_	
Claim Reminders: **See Counce! Policy C-CC-33 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 klometers are based on St. Albert Place (SAP) as the base location 4. For meal expenses, the event/discorption section should dealy indicate the mature of the membrag 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 chart is unable between the standard mileage chart. If you choose to daim specific mileage you must provide a Google map printout with the detailed to and from locations identified (ie. Street Address) Net to be paid to Councillor MacKay 7. Incomplete expense claims will not be processed								\$ 110.00 -\$ 40.00 \$ - \$ 70.00		
Training and Dev	elopment Activities									ł
Date	Description of Activity Content and any learning/inf	ormation worth sharing								1
09/02/2021	Community Crime Prevention with Minister Madu a	nd Hon. Dale Nally								1
	e, Agency meetings attended (Includes both Cour									
Date of Meeting	Name of Meeting	Updates								
09/03/2021	Special Council Meeting AUMA Safe & Healthy Communities Committee									
09/10/2021	Council Meeting									
09/13/2021	Mayor's Taskforce on Homelessness Working Committee									

St	Albert Caliviae Life	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	
09/23/2021	ERWAC Meeting		

SENLIGHT STATE STA		Select From List Do not enter in "Grey" cells
Name: Councillor MacKay	Date Submitted 06/10/2021 Month September	Year 2021
Authorizations & Approvals	Councillor MacKay	September 2021
Preparer (a Signature) Preparer's Signature?	65-19-21 Date (DDMM*Y)	
Council Member certify that the opportures claimed on this form were incurred while conducting business on behalf of the City or considerable or conducting business on behalf of the City or considerable or conducting business on behalf of the City or considerable or conducting business on behalf of the City or considerable or conducting business on behalf of the City or considerable or conducting business on behalf of the City or considerable or conducting business on behalf of the City or considerable or conducting business on behalf of the City or conducting business on behalf or conducting business on behalf or conducting business of the C	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 Oct 29, 2021 Date (DDMMYY)	
Accounts Payable have reviewed this claim for mathematical accuracy and documentation support. Danielle Parsons Daniel Parsons [Nov.1, 2021 10:08 MOT] Accounts Payable Personnel Signature	Nov 1, 2021	
Chief Financial Officer		
Diane McMordie Diane Dia	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement Nov 3, 2021	
Chief Financial Officer Signature	Date (DDIMM'YY)	
Chief Administrative Officer (City Manager) have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
Acada Signature	Nov 3, 2021 Date (DDIMM'YY)	