ieneral Council R	Related Business	In-Region Mileage Cl		Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)		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
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220		1225	1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project CAT4
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															Sub-Total		\$ -		
rofessional Deve	elopment	In-Region Mileage Cl		Wav	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding CAT 2
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1221			1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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SENUL City of Lubert

Councillor Watkins

																enter in "Grey" cells				
Name:	Councillor Watkins]									Date Submitted	11/08/2021		Month	July	Year	2021]		
AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	Mileage Claim- Specific	Amount @	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	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project C	AT4
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															Sub-Total		\$ -			
Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cli	aim based on Chart	One Way /Return	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 C	AT4
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SENUL City of Lubert

SE	Muser of Caterial Late						Council M	Member Monthly	Expense C	laim F	orm				Select From List Do not enter in "Grey" cells	3				
Name:	Councillor Watkins								Date	Submitted	11/08/2021]	Month	July	Year	2021				
Operating Supplie	es/Telephone/Internet/Sponsorships	Mobile Device (N	fax \$55/Month) Ho	me Internet (Max \$	70/Month), Sponso	rship (Max \$1,000/Y	ear see policy C-CC	-21 Council Sponsorship)								Total		GL Cod	ing	
Date (DD/MM/YY)	Detailed Description																ACCT	GL Codi C/ Cost Ctr Pro	AT 2 oject CAT7	Expense Type
														Sub-Total		s -]			
BMO MasterCard	Expenses								Othe Trans & Pa	portation	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	t General Expenses *	Total				
Date (DD/MM/YY)																				
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																-				
														Sub-Total		\$ -				

Sŧ	Albert Calonac Life	Council Member Month!	y Expense Claim F	orm				Select From List Do not enter in "Grey" cells		
Name:	Councillor Watkins		Date Submitted	11/08/2021		Month	July	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)										
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Claim Reminders: ** See Council Po 1. Detailed receipt	olicy C-CC-03 Council Remuneration and Expense s must be provided for all expenses. Credit Card sli	e Reimbursement for detailed provisions of allowable expenses** ps are NOT an acceptable form of receipt.		ı			Sub-Total		\$ -	
2. Meter parking m		indicate (Meter) in the nature of event/meeting section.			Grand To					s - s -
4. For meal expen	ses, the event/description section should clearly ind	section is nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of 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.			Less: E					\$ -
6. Expense claims	must be submitted within 10 days of the following n				Net to be	e paid to	: Councillor	Watkins		\$ -
	elopment Activities			'						' '
Date	Description of Activity Content and any learning/int	formation worth sharing								
07/05/2021	Community Amenities Project and Recreation Nee	ds Assessment Workshop								
-										
Board Committee	e, Agency meetings attended (Includes both Cou	ncil appointed and other approved committees)								
	Name of Meeting	Updates								
										l

SE	Albert Colone life	Council Member Monthly Expense Claim Form Select From Lat Do not enter in "Grey" cells	
Name:	Councillor Watkins	Date Submitted 11/08/2021 Month July Year 2021	
07/13/2021	CHBA-ER Economic Forum		

Name:	Councillor Watkins	Date Submitted 11.08/2021 Month July	Year	2021	
Authorization	s & Approvals	Councillor Watkins		July	2021
Preparer If claim form w	as prepared by an individual other than the Council Me	nber, sign and date below on provided by the Council Member at the time of submission.	1		
Preparer's Sig	SaunttA	on provided by the Council Member at the time of submission. 11.08.21 Date (DD/MMYYY)			
Council Memi			1		
	e expenditures claimed on this form were incurred while I by another individual. All applicable receipts have bee	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 nattached.			
4		Nov 16, 2021			
Council Memb	er's Signature	Date (DDMMYY)			
Accounts Pay			1		
Daniel	d this claim for mathematical accuracy and documentat PAYSONS 15 (Nov17, 2021 13:23 MST)	Nov 17, 2021			
	ible Personnel Signature	Date (DDMMYY)			
			_		
Chief Financia	al Officer				
		d the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
	McMordio lie (Nov 17, 2021 16:57 MST)	Nov 17, 2021			
Chief Financia	Officer Signature	Date (DDMMYY)			
			-		

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

Nov 23, 2021

Date (DD/MMYYY)

Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

SEALUBERT Cultovate Life

hief Administrative Officer (City Manager)
have previewed this detected am satisfied that the exp

City Manager Signature



Select From List Do not enter in "Grey" cells

lame:	Councillor Watkins

Date Submitted 09/09/2021 Month August Year 2021

General Council	Related Business	In-Region Mileage Cl		One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	km's-	Amount @	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	2	ACCT	Cost Ctr	CAT 2 Project CA	AT4
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Sub-Total \$

Professional Dev	elopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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	ļ	ACCT	CAT 2 Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 09/09/2021 Month August Year 2021

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	laim 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*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221			1226	1227	1225	1224	1	ACC	CAT CT Cost Ctr Proje	ct CAT4
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Sub-Total \$ -

Office of the Ma	yor (Official Events & Duties)	In-Region Mileage Cl	laim based on Chart	One Way	y Mileage Clain (From Chart)	Out-of-Region Milea specific	ge Claim (or In-Region, : mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Gen * Exp	neral enses* To	otal		GL Coding	
Date (DD/MM/Y)	/) 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 \$ -



Select From List Do not enter in "Grey" cells

Name:	Councillor Watkins

Date Submitted 09/09/2021 Month August Year 2021

Operating Suppli	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		GL Coding	
Date (DD/MM/YY)	Detailed Description		ACCT	CAT 2 Cost Ctr Project CAT7	Expense Type

Sub-Total \$ -

BMO MasterCard		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
08/03/2021	Sturgeon County Mayor's Golf Tournament					245.00		245.00
08/23/2021	UDI Luncheon				54.97			54.97
								_
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								_

Sub-Total \$ 299.97



Select From List
Do not enter in "Grey" cells

		Other						
Name:	Councillor Watkins	Date Submitted	09/09/2021	Month	August	Year	2021	

Expenses Paid Dir	rectly 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:

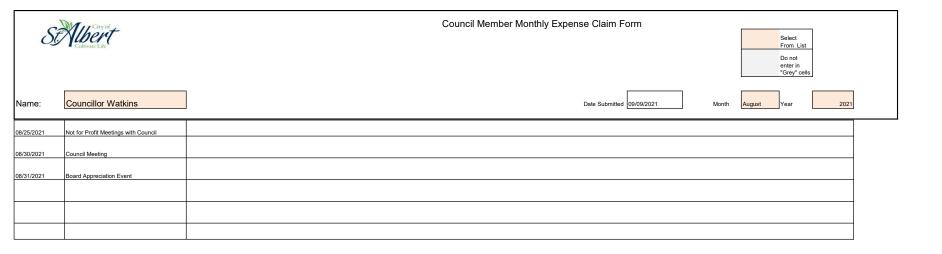
** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**

- 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)
- 6. Expense claims must be submitted within 10 days of the following month
- 7. Incomplete expense claims will not be processed

Grand Total Expenses	\$	299.97
Less: BMO MasterCard	-\$	299.97
Less: Expenses Paid	\$	-
Net to be paid to Councillor Watkins	\$	-

Sub-Total

Training and Dev	elopment Activities	
Activity Name	Description of Activity Content and any learning	ng/information worth sharing
Board, Committe	e, Agency meetings attended (Includes both	Council appointed and other approved committees)
Date of Meeting	Name of Meeting	Updates
08/04/2021	Youth Advisory Committee	
08/16/2021	Council Meeting	
08/23/2021	CLSC	
08/23/2021	CGISC	





Name:

Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

Councillor Watkins

Date Submitted 09/09/2021

Authorizations & Approvals Councillor Watkins August 2021 Preparer
If claim form was prepared by an individual other than the Council Member, sign and date below i was prepared in pccordance with all information provided by the Council Member at the time of submission. 21-09-09 Date (DD/MM/YY) Preparer's Signature Council Member l 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 as completed by another individual. All applicable receipts have been attached. Nov 16, 2021 Council Member's Signature Date (DD/MM/YY) Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.

Danielle Parsons Nov 17, 2021 ccounts Payable Personnel Signature Date (DD/MM/YY) Chief Financial Officer 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 Nov 17, 2021 Chief Financial Officer Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager) 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 fer dolla Nov 23, 2021 City Manager Signature Date (DD/MM/YY)

P:\Mayor's Office\Expenses - F00\2021\8 - August\Watkins\[Watkins - August Council Expense Claim.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 06/10/2021 Month September Year

General Council F	Related Business	In-Region Mileage Cla		One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileage		One Way /Return	Mileage Claim km's- Specific	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	1222	2	ACCT	Cost Ctr	CAT 2 Project CA	AT4
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Sub-Total \$

Professional Development	In-Region Mileage C	One \	Way Mileage Claim urn (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		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 Cost Ctr Project CAT4
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ub-Total	\$ -



Select From List Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 06/10/2021 Month September Year 2021

AUMA or FCM Co	AUMA or FCM Convention or Board Expenses		aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses	* Total		GL Coo		
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		122	1 122	1 122	2 1226	1227	7 1225	122	4	ACCT	Cost Ctr F	CAT 2 Project CAT4	
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Sub-Total \$

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Milea	ge Claim (or In-Region, c mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Coding	ı
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	122	0 1225	1226	1221	1 1222	1222	!	ACCT	Cost Ctr CAT3	CAT4
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Sub-Total \$ -



Select From List
Do not enter in "Grey" cell

Name:	Councillor Watkins

Date Submitted 06/10/2021 Month September Year 2021

Operating Supp	ting 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 (DD/MM/YY) Detailed Description			ACCT	CAT 2 Cost Ctr Project CAT7	Expense Type

Sub-Total \$

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
09/10/2021	UDI Luncheon Refund					- 54.97		- 54.97
								_
								_

Sub-Total -\$ 54.97



Councillor Watkins

Council Member Monthly Expense Claim Form

Date Submitted 06/10/2021



Expenses Paid Di	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
								_

Name:

- 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	-\$	54.97
Less: BMO MasterCard	\$	54.97
Less: Expenses Paid	\$	-
Net to be paid to Councillor Watkins	\$	-

Sub-Total

Training and Dev	elopment Activities	
Activity Name	Description of Activity Content and any learning/int	formation worth sharing
Board, Committee	e, Agency meetings attended (Includes both Cou	incil appointed and other approved committees)
Date of Meeting	Name of Meeting	Updates
09/03/2021	Special Council Meeting	
09/13/2021	Council Meeting	
09/16/2021	Special Council Meeting	

St	Albert Cultivate Life	Council Member Monthly Expense Claim Form Select From List Do not enter in "Grey" cells	
Name:	Councillor Watkins	Date Submitted 06/10/2021 Month September Year 2021	



Date Submitted 06/10/2021

Select From List Do not enter in "Grey" cells

lame:	Councillor Watkins

Authorizations & Approvals **Councillor Watkins** September 2021 Preparer
If claim form was prepared by an individual other than the Council Member, sign and date below was prepared in accordance with all information provided by the Council Member at the time of submission. 06-10-21 Date (DD/MM/YY) Preparer's Signature ___ Council Member l 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 as completed by another individual. All applicable receipts have been attached. Nov 16, 2021 Council Member's Signature Date (DD/MM/YY) Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.

Danielle Parsons Nov 17, 2021 ccounts Payable Personnel Signature Date (DD/MM/YY) Chief Financial Officer 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 Nov 17, 2021 Chief Financial Officer Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager) 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 fer dolla Nov 23, 2021 City Manager Signature Date (DD/MM/YY)

P:\Mayor's Office\Expenses - F00\2021\9 - September\Watkins\[Watkins - Council Expense Claim.xlsm]Claim Form