SE	Cultorate Life		Council Member Monthly Expense Claim Form Select From List Do not enter in "Grey" cells																		
Name:	Councillor Biermanski										Date Submitted	02-12-21		Month	November	Year	2022				
General Council F	Related 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	km's-	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		1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CA	AT4
26-10-21	Criminal Record Check									_						56.00	56.00	6140	1010	516113	
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															Sub-Total		\$ 56.00				
Professional Deve	elopment	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, 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	то			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CA	KT4
																	-				
																	_				
																	_				
															Sub-Total		\$ -				

Sŧ	Albert Caleous Life						Council M	lember I	Monthl	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor Biermanski										Date Submitted	02-12-21		Month	November	Year	2022	2		
AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cla	aim based on Chart	One Way /Return	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*	Meals *	Conference 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
																		1		
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															Sub-Total		\$ -			
Office of the May	or (Official Events & Duties)	In-Region Mileage Cla			Mileage Claim (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region, mileage)	One Way	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		1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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	1									-	I					I	-			

SE	Albert Albert	Council Member Monthly Expense Claim Form Select From List Do not enter in "Circy" cells					
Name:	Councillor Biermanski	Date Submitted 02-12-21 Month November Year	2022				
Operating Suppli	les/Telephone/Internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsonship (Max \$1,000/Year see policy C-CC-21 Council Sponsonship)	Total		GL Coding		
Date (DD/MM/YY)	Detailed Description			ACCT C	CAT :		Expense Type
19-11-21	1 Telus Home Internet		70.00	6404 1	10 516113	N/A	Mobile Device Char
11-11-21	1 Telus Mobility		55.00	10	10 516113	N/A	Mobile Device Char
15-11-21	1 Staples - Paper		64.56	6502 1			Office/Operating Su
	1 Amazon - Printer Ink		19.94	6502 1			Office/Operating Su
00-11-2	T PURISON - T THINKS THE		10.04	0002 1	10 010110	1671	Onice operating ou

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
25-11-21	St. Albert Sturgeon Hospice Association Donation						250.00	250.00
								_
								_
								-

Sub-Total \$ 250.00

Sub-Total

\$ 209.50

SE	Calevare Life	Council Member Monthly Expense Claim Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Biermanski	Date Submitted 02-12-21	ħ.	Month	November	1	2022	2
Expenses Paid D	irectly by the City (eg. Petty Cash)	Other Transportation & Parking * Accommodations * All	rfare* N	Meals *	Registration /Event Ticket *	General Expenses *	Total	
Date (DD/MM/YY)								4
			\rightarrow					-
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			\dashv				-	-
			\rightarrow		-		-	4
			\dashv				-	-
			\dashv					+
<u> </u>					Sub-Total	<u> </u>	\$ -	_

Claim Reminders:

Sec Council Policy C-CC-43 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses

1. Detailed records thus the provided for all expenses. Credit Card slips are NOT an acceptable form of recept.

2. Meter parking may be claimed without a receipt up to \$15. Cleanly indicate (Meter) in the nature of eventimenting 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 eventificenception section should clearly indicate the nature of the meeting and indicate the #6 fpeople 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 expenses claims will not be processed

Grand Total Expenses Less: BMO MasterCard Less: Expenses Paid 515.50 250.00 \$ 265.50 Net to be paid to: Councillor Biermanski

Name: Councillor Biermanski	Д	trate Submitted 02-12-21 Month		Do not enter in "Grey" cells Year 2022	
Authorizations & Approvate Paparer If clam from was prepared by an individual other than the Council Member, sign and This expense claim form was prepared by a condition of all information provided Preparer's Signature	od date below by the Council Member at the time of submission. Date (DD/MMYY)	Councillor Bierma	nski	November	2022
Souncil Member Loraffy hat the expenditures claimed on this form were incurred while conducting is exactly another individual. All applicable receipts have been attached. Shelley Biermanski Shelley Biermanski Council Member's Signature	tusiness 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 sold	ely responsible for the details of the claim even if the form	1		

Council Member Monthly Expense Claim Form

Mayor's Officel Expenses - F00/2021\11 - November Biermanskil Cilr Biermanski Council Expense Claim Form - MASTER Revised November 2021.xismlClaim Form

Date (DD/MM/YY)

Date (DD/MM/YY)

Date (DD/MM/YY)

have reviewed this determined an satisfied that the expenses isted and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

SEXUBERT

Lynda Lavalloo

Diane McMordie
Diane McMordie (Dec 6, 2021 11:)
Chief Financial Officer Signature

ferSolle

City Manager Signature

ounts Payable Personnel Signature

Chief Administrative Officer (City Manager)

St	Albert Colorer Life						Council M	ember	Monthl	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells					
Name:	Councillor Biermanski]									Date Submitted	05/01/22		Month	December	Year	2021]			
General Council F	Related Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region	One Way	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/MMYY)	Nature of Event/Meeting		То			From		CAT7_		1220				1221	1222			ACCT	CAT Cost Ctr Proje	2	
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										-							-				
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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 Mileage	e Claim (or In-Region,	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	9	
Date (DD/MMYY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT Cost Ctr Proje	2 ict CAT4	
										-											
										-							-				
										-											
										-											
															Sub-Total		\$ -				

SE	Albert Caltrose Life						Council M	lember l	Monthly	/ Expen	se Claim F	Form				Select From List Do not enter in "Grey" cells				
Name:	Councillor Biermanski										Date Submitted	05/01/22		Month	December	Year	202	21		
AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage specific r	e Claim (or In-Region, mileage)	One Way /Return	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	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	CAT4
																	_			
															Sub-Total		\$ -			
Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage specific r	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MMYY)	Nature of Event/Meeting	From	То				То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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	1											ı						_		

	Councillor Biermanski	Council Member Monthly Expe	nse Claim F Date Submitted	05/01/22] ,	Month	Do i	not per in rey" cells	202	1					
Operating Supplie	es/Telephone/internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)							Total			GL Coding CAT 2			
Date (DD/MM/YY)	Detailed Description									ACCT	Cost	CAT 2 Ctr Project (CAT7	Expense Type	
11/12/21	Mobile Device - Telus								55.00		6404 1010	516113	N/A	Mobile Devi	ce Charge
19/12/21	Home Internet - Telus								70.00		1010	516113	N/A	Mobile Devi	ce Charge
										-					
						:	Sub-Total	Ī	\$ 125.00						
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare* N		Registration /Event Ticket Gen * Exp	neral penses * '	Total						
Date (DD/MM/YY)															
									-						

Sub-Total

\$

SE	Albert Salam M	Council Member Month	nly Expense Claim F	orm			Select From List Do not enter in "Grey" cells	
Name:	Councillor Biermanski		Date Submitted	05/01/22	Mont	h December	1	2021
Expenses Paid Dir	rectly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations * A	urfare* Meal	Registration /Event Ticke	t General Expenses*	Total
Date (DD/MM/YY)								
		<u> </u>						
		<u> </u>						
Claim Reminders:			•			Sub-Total	•	\$ -

- Claim Reminders:

 "See Council Policy 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 eventimeeting section.

 3. A standard mileage chart is available for use. All kilometers are based on St. Abtert Place (SAP) as the base location

 4. For meal expenses, the eventifiescription section should early indicate the metain and inclarate the #6 popole 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	\$ 125.0
Less: BMO MasterCard	\$
Less: Expenses Paid	\$
Net to be paid to: Councillor Biermanski	\$ 125.0

Name: Councillor Biermanski		relect room List to not relect
Authorizations & Approvals	Councillor Blemanski	December 2021
Propage I date from was received by an individual other than the Council Member, sign and date below I date from was received by the individual of the separate claim form with all information provided by the Council Member at the Propage I and the Council Member at the Council Member a	Time of submission. Date (DDMMYY)	
Council Member Lordly that the expenditures claimed on this form were incurred while conducting business on behalf of the City was completed by another individual. All applicable receipts have been attached. SUCHIES BECHMANIAL Scheley Bellerhandl. Land, 6,2021,2138.MST) Council Member's Signature	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	
Accounts Payable Accounts Payable Accounts Payable Accounts Payable Personnel Signature	Date (DDMMYY)	
Chief Financial Officer Thave reviewed this claim and am satisfied that the expenses listed and the information and documentation provided. Visc. Americal Officer Signature Chief Financial Officer Signature	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement Date (DDMMYY)	
Chief Administrative Officer (City Manager) A have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi		
City Manager Signature	Date (DD/MMYY)	

Mayor's Office\Expenses - F00\2021\11 - November\Biermanski\(Clir Biermanski November Council Expense Claim Form.xism)Claim For