



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 17/11/2021

Month October 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 *	Comerence 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
										-							-				A8 AUMA
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 17/11/2021

Month October 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)							
25-10-21	Bell Mobility - Office Mobile	55.00	6404	1010	516104	N/A	Mobile Device Charge
18-10-21	Shaw - Home Office Internet	70.00	6404	1010	516104	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)								
20-10-21	Paint the Town Purple Breakfast ticket					25.00		25.00
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 25.00



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 17/11/2021 Month October 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.
 - 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

Grand Total Expenses	\$	150.00
Less: BMO MasterCard	-\$	25.00
Less: Expenses Paid	\$	-
Net to be paid to Councillor Brodhead	\$	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	Meeting	Updates



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted

17/11/2021

Month

October

Year

2021



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 17/11/2021

Month October Year 2021

Authorizations & Approvals

Councillor Brodhead

October

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 [Signature] 17-11-21
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.

[Signature] Nov 18, 2021
Wes Brodhead (Nov 18, 2021 13:38 MST)
Date (DD/MM/YY)
Council Member's Signature

Accounts Payable

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

Lynda Lavallee Nov 18, 2021
Lynda Lavallee (Nov 18, 2021 13:40 MST)
Date (DD/MM/YY)
Accounts Payable Personnel Signature

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 Nov 18, 2021
Diane McMordie (Nov 18, 2021 16:29 MST)
Date (DD/MM/YY)
Chief Financial Officer Signature

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 23, 2021
Date (DD/MM/YY)
City Manager Signature



Name:	Councillor Brodhead	Date Submitted	08-12-21	Month	November	Year	2021
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Sub-Total	\$ 125.95
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Sub-Total	\$ -
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted08-12-21

MonthNovember

Year2021

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\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted08-12-21

MonthNovember

Year2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
18-11-21	Home Internet	70.00	6502	1010	516104	N/A	Office/Operating Supp
25-11-21	Mobile Device	55.00		1010	516104	N/A	Mobile Device Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
18-11-21	Chamber Christmas Luncheon Ticket					41.67		41.67
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 41.67



Council Member Monthly Expense Claim Form

Select
From List

Do not
enter in
"Grey" cells

Name:

Councillor Brodhead

Date Submitted

08-12-21

Month

November

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	\$	292.62
Less: BMO MasterCard	-\$	41.67
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Brodhead	\$	250.95

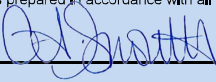



Council Member Monthly Expense Claim Form


	Select From List
	Do not enter in "Grey" cells


Name:	Councillor Brodhead	Date Submitted	08-12-21	Month	November	Year	2021
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Authorizations & Approvals Councillor Brodhead November 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	09/12/21 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.	
 Wes Brodhead (Dec 10, 2021 11:46 MST)	
Council Member's Signature	Date (DD/MM/YY)

Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.	
	
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 (Dec 13, 2021 08:38 MST)	
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

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted05/01/22

MonthDecember

Year2021

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	CAT 2 Project CAT4
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										-							-			
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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
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total\$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 05/01/22

Month: December

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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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 Brodhead

Date Submitted:

05/01/22

Month:

December

Year:

2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
			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)						
Date (DD/MM/YY)	Detailed Description						
18/12/21	Home Internet - Shaw	70.00		6404 1010	516104	N/A	Mobile Device Charge
25/12/21	Mobile Device - Bell	55.00		1010	516104	N/A	Mobile Device Charge

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

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted:

05/01/22

Month:

December

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)								
								-
								-
								-
								-
								-
								-
								-

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

Sub-Total

\$ -

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



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted:

05/01/22

 Month:

December

 Year:

2021

Authorizations & Approvals

Councillor Brodhead

December

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.



Wes Brodhead (Jan 5, 2022 18:26 MST)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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




Lynda Lavallee (Jan 6, 2022 07:43 MST)

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



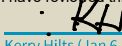
Diane McMordie (Jan 6, 2022 08:00 MST)

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



Kerry Hilts (Jan 6, 2022 10:10 MST)

City Manager Signature

Date (DD/MM/YY)