



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 16/11/2021

Month: October Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Proj#	CAT 7 Expense Type
	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month) Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)					
10/10/2021	Telus Mobility - Councillor Mobile Device	55.00	6404	1010	516110	N/A Mobile Device Charges
10/22/2021	Telus Internet - Councillor Home Office Internet	70.00	6404	1010	516110	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 (DDMMYY)								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 10/11/2021

Month: October Year: 2021



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 16/11/2021 Month: October Year: 2021

Authorizations & Approvals Councillor Hansen 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.

[Signature]
 Preparer's Signature (Nov 16, 2021 16:49 MST) _____ 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]
 Council Member's Signature (Nov 16, 2021 17:03 MST) _____ Date (DDMMYY) _____

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

[Signature]
 Accounts Payable Personnel Signature (Nov 16, 2021 09:04 MST) _____ 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]
 Chief Financial Officer Signature (Nov 18, 2021 09:55 MST) _____ 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]
 City Manager Signature _____ Date (DDMMYY) _____