



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 17-11-21

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 *	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	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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name:

Date Submitted

Month Year

Operating 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	Cost Ctr	CAT 2 Project CAT7	Expense Type
13-10-21	Mobility (October 18-31, 2021)		24.84	6404	1010	516106 N/A	Mobile Device Charge
03-10-21	Shaw Cable (October 18-31, 2021)		31.61	6404	1010	516106 N/A	Office/Operating Supp

Sub-Total \$ 56.45

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

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Name:

Date Submitted

Month Year

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	\$	56.45
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hughes	\$	56.45

Training and Development Activities	
Date (DD/MM/YY)	Description of Activity Content and any learning/information worth sharing

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Updates	



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Name: Councillor Hughes

Date Submitted 17-11-21

Month October Year 2021



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Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 17-11-21

Month October Year 2021

Authorizations & Approvals Councillor Hughes 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.
Sheena Hughes [Signature] 17-11-21
Sheena Hughes (Nov 17, 2021 16:12 MST)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Lynda Lavallee [Signature] Nov 17, 2021
Lynda Lavallee (Nov 17, 2021 16:17 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 [Signature] Nov 17, 2021
Diane McMordie (Nov 17, 2021 16:58 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
[Signature] Nov 23, 2021
City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 10/02/22

Month November 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	Project CAT2	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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
Sub-Total																	\$	-			



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 10/02/22 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	\$	125.00
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to Councillor Hughes	\$	125.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

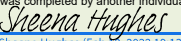
Date Submitted

Month Year

Authorizations & Approvals Councillor Hughes 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 _____ 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.

Sheena Hughes (Feb 10, 2022 19:13 MST)
Council Member's Signature _____ Date (DD/MM/YY) _____

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

L. Lavallee (Feb 14, 2022 08:03 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

Anne Victoor (Feb 14, 2022 08:28 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 Hills (Feb 14, 2022 08:48 MST)
City Manager Signature _____ Date (DD/MM/YY) _____



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 05/01/22

Month: December 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)					
13/12/21	Mobile Device - Virgin	55.00		6404 1010	516106 N/A	Mobile Device Charge
03/12/21	Home Internet - Shaw	70.00		1010	516106 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 Hughes

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)								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

Claim Reminders:

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

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



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:

Year:

Authorizations & Approvals

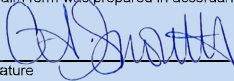
Councillor Hughes

December

2021

Preparer

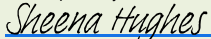
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Preparer's Signature

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.


Sheena Hughes
Sheena Hughes (Feb 2, 2022 10:50 MST)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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


L. Lavallee
L. Lavallee (Feb 2, 2022 10:51 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

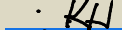

Diane McMordie
Diane McMordie (Feb 2, 2022 11:00 MST)

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 Hiits
Kerry Hiits (Feb 2, 2022 11:02 MST)

City Manager Signature

Date (DD/MM/YY)