

Select From List Do not enter in "Grey" cells

lame:	Councillor Hughes
	eg

Date Submitted 17-11-21 Month October Year 202

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, 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	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	2	ACCT	CAT 2 Cost Ctr Project	CAT4
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Professional Dev	velopment	In-Region Mileage	Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region, : mileage)	One Way	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	CAT 2 Cost Ctr Project CAT4
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Sub-Total	S	-



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 17-11-21

Month October Year

2021

AUMA or FCM C	onvention or Board Expenses	In-Region Mileage Cl				e Claim (or In-Region, mileage)	One Way	Claim-	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	CAT 2 Cost Ctr Project Co	AT4
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Sub-Total \$ -

Office of the May	or (Official Events & Duties)	In-Region Mileage Cl			Out-of-Region Mileag	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/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220) 1225	1226	1221	1 1222	1222	2	ACCT Cost Ctr CAT3 CAT4	4
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Select From List Do not enter in "Grey" cells

Name:	Councillor Hughes

Date Submitted 17-11-21

Month October Year

2021

Operating Supplie	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 Cost C	CAT 2 ctr Project CA		pense pe
13-10-21	Mobility (October 18-31, 2021)		24.84	6404 1010	516106	N/A Mo	bile Device Char
03-10-21	Shaw Cable (October 18-31, 2021)		31.61	6404 1010	516106	N/A Off	fice/Operating Su

Sub-Total

\$ 56.45

BMO MasterCard E	expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
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Sub-Total

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Name:	Councillor Hughes	Date Submitted	17-11-21		Month	October	Year	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)					_		_		
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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	\$ 56.45
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hughes	\$ 56.45

Sub-Total

Training and Dev	elopment Activities	
Date (DD/MM/YY)	Description of Activity Content and any learning/in	formation worth sharing
Board, Committee	e, Agency meetings attended (Includes both Cou	incil appointed and other approved committees)
	Date of Meeting	Updates

St	Albert Cultivate Life	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 202	21





Name: Councillor Hughes

Date Submitted 17-11-21 Month October Year

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 proposed in accordance with all information provided by the Council Member at the I	ime of submission. 17/11/21 Date (DD/MM/YY)			
Council Member				
	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 cl	aim even if the form		
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable				
I have reviewed this claim for mathematical accuracy and documentation support.				
Lynda Lavallee Lynda Lavallee (Nov 17, 2021 16:17 MST)	Nov 17, 2021			
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 provide	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Diane McMordie (Nov 17, 2021 16:58 MST)	Nov 17, 2021			
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 provide	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
fersible	Nov 23, 2021			
City Manager Signature	Date (DD/MM/YY)			

P:\Mayor's Office\Expenses - F00\2021\10- October\Hughes\[Hughes - Council Expense Claim.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

2021

Name:	Councillor Hughes	Date Submitted 10/0	/22 Month	November	Year

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, 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	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	2	ACCT	CAT 2 Cost Ctr Project	CAT4
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Professional Dev	velopment	In-Region Mileage	Claim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region, : mileage)	One Way	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	CAT 2 Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 10/02/22

nth November Y

2021

AUMA or FCM C	onvention or Board Expenses	In-Region Mileage Cl	laim 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*		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	1	ACCT	CAT 2 Cost Ctr Project	2 ct CAT4
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Sub-Total \$ -

Office of the May	or (Official Events & Duties)	Mileage One Way Claim (From In-Region Mileage Claim based on Chart / (Return Chart)		Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way	Mileage Claim- Specific	Amount @ Transportation		Accommodations * Airfare			Registration /Event Ticket General		Total	GL Coding		ng	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220) 1225	1226	122	1 1222	1222		ACCT	Cost Ctr CAT	3 CAT4
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Select From List Do not enter in "Grey" cells

Name:	Councillor Hughes
	<u> </u>

Date Submitted 10/02/22 Month November Year 2021

Operating Supplie	hes/Telephone/Internet/Sponsorships Mobile Device (Max \$555/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	CAT 2 Ctr Project CAT	Expense 7 Type	
03/11/21	Home Internet - Shaw	70.00	6404 1010	516106 N	/A Mobile Dev	vice Charge
13/11/21	Mobile Device - Virgin Mobile	55.00	1010	516106	/A Mobile Dev	vice Charge

Sub-Total \$ 125.00

BMO MasterCard E	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
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From List Do not enter in "Grey" cells

Name: Councillor Hughes Date Submitted 10/02/22 2021 Other Registration Expenses Paid Directly by the City (eg. Petty Cash) Transportation & Parking * Event Ticket 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

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

Sub-Total





Name: Councillor Hughes

Date Submitted 10/02/22 Month November Year 20.

Authorizations & Approvals	Councillor	r Hughes	November	2021
Preparer If claim form was prepared by smindwidual 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 Preparer's Signature	Time of submission. 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 was completed by another individual. All applicable receipts have been attached. Compared the City of th	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	if the form		
Council Member's Signature	Date (DD/MM/YY)			
A				
Accounts Pavable I have reviewed this claim for mathematical accuracy and documentation support.				
L. Lavallee 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 provi — View Anne Victor (Feb 14, 2022 08:28 MST)	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
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 provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MM/YY)			
P-\Mavor's Office\Expenses - F00\2021\111 - Novemben\Hughes\IClir Hughes Council Expense Claim Form - MAS	TTD Daving Albuman by 2004 share Volum France			



Select From List Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted 05/01/22 Month December Year 2021

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 Mileage	e Claim (or In-Region, 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	То					CAT7		1220			5 1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project 0	CAT4
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Professional Dev	elopment	<u>In-Region Mileage Cl</u>	laim based on Chart	One Way	Mileage y Claim (From Chart)	Out-of-Region Mileago	e Claim (or In-Region, mileage)	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
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1221						1224		CAT 2 ACCT Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted 05/01/22 Month December Year 2021

AUMA or FCM Cor	ovention or Board Expenses	In-Region Mileage Cl				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	122	1 1222	1226	1227	7 1225	5 1224	1	ACCT	CAT 2 Cost Ctr Project	CAT4
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl		One Way		ge Claim (or In-Region, mileage)	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket G * E:	eneral xpenses *	Total		GL Codin	g
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		 From	То	CAT7_		1220	122	0 1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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Name:

Councillor Hughes

Date Submitted 05/01/22 Month December Year 2021

Operating Supplie	ies/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	C	SL Coding		
Date (DD/MM/YY)	Detailed Description			ACCT Cost C	CAT 2 r Project CAT7	Expense Type	
13/12/21	1 Mobile Device - Virgin		55.00	6404 1010	516106 N/A	Mobile De	evice Charge
03/12/21	1 Home Internet - Shaw		70.00	1010	516106 N/A	Mobile De	evice Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)							
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	Cultivate Life

Expenses Paid Directly by the City (eg. Petty Cash)

Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cel

Name: Councillor Hughes

Date Submitted	05/01/22		Month	December	Year	2021
Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
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Date (DD/MM/YY)

<u>Claim Reminders:</u>

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

Sub-Total



Name:

Councillor Hughes

Council Member Monthly Expense Claim Form

Date Submitted

05/01/22

Select
From List

Do not
enter in
"Grey" cells

December

Year

2021

Authorizations & Approvals	Councillor Hughes	December	20
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		
This expense dain form was prepared in accordance with all information provided by the Council Member at	uie unie oi suomission.		
1 AM RAHM			
Preparer's Signature	Date (DD/MW/YY)		
Council Member			
I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the 0 was completed by another individual. All applicable receipts have been attached.	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		
Sheena Hughes			
Sheena Hughes (Feb 2, 2022 10:50 MST)			
Council Member's Signature	Date (DD/MM/YY)		
A			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.			
L. Lavallee (Feb 2, 2022 10:51 MST)			
and the control of th			
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 p	provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement		
<u>Diane McMordie</u>			
Diane McMordie (Feb 2, 2022 11:00 MST)			
Chief Financial Officer Signature	Date (DD/MM/YY)		
Sillot Finalista Sillot Signaturo			
Chief Administrative Officer (City Manager)			
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation of	provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement		
	, , , , , , , , , , , , , , , , , , , ,		
Kerry Hilts (Feb 2, 2022 11:02 MST)			
	Date (DD/MM/VV)		
City Manager Signature	Date (DD/MM/YY)		

P:\Mayor's Office\Expenses - F00\2021\12 - December\Hughes\[Clir Hughes Council Expense Claim Form - MASTER Revised November 2021.xlsm]Claim Form