



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 17-11-21

Month October Year 2021

General Council Related Business		In-Region Mileage Claim based on Chart		Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		Mileage Claim (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	One Way /Return	From	To	One Way /Return	One Way /Return									ACCT	Cost Ctr	Project CAT4														
							CAT7		1220	1220		1225	1226	1221	1222	1222																	
									-											A10 General Council Business													
									-											A10 General Council Business													
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									-																								
Sub-Total																																	

Professional Development		In-Region Mileage Claim based on Chart		Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		Mileage Claim (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	One Way /Return	From	To	One Way /Return	One Way /Return									ACCT	Cost Ctr	Project CAT4													
12-10-21	Managing Diversity for Organizational Sustainability - Tuition Athabasca University						CAT7		1221	1221		1222	1226	1227	1225	1224																
									-					2,325.00		2,325.00	6100	1010	516108 A5	Career Development												
									-																							
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									-																							
Sub-Total																																



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Name: Councillor Joly

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 *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MMYY)	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/MMYY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4

Sub-Total \$ -



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Date Submitted 17-11-21

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)					
01/10/2021	Mobile Device	55.00	6404	1010	516108 N/A	Mobile Device Charge
17/10/2021	Home Office Internet	70.00	6404	1010	516108 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)	Description							
19-10-21	Paint the Town Purple Breakfast ticket					25.00		25.00
								-
								-
								-
								-
								-
								-

Sub-Total \$ 25.00



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Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 17-11-21 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\*\***  
 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	\$ 2,475.00
Less: BMO MasterCard	\$ 25.00
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Joly</b>	<b>\$ 2,450.00</b>

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)		
Committee	Date of Meeting	Updates



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Select From List  
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Name: Councillor Joly

Date Submitted 17-11-21

Month October Year 2021

Authorizations & Approvals Councillor Joly 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] Date (DDMMYY) 17-11-21

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.  
Natalie Joly  
Natalie Joly (Nov 20, 2021 09:05 MST)  
Council Member's Signature Date (DDMMYY) Nov 20, 2021

Accounts Payable  
I have reviewed this claim for mathematical accuracy and documentation support.  
Danielle Parsons  
Danielle Parsons (Nov 22, 2021 10:22 MST)  
Accounts Payable Personnel Signature Date (DDMMYY) Nov 22, 2021

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 McMorris  
Diane McMorris (Nov 22, 2021 11:21 MST)  
Chief Financial Officer Signature Date (DDMMYY) Nov 22, 2021

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) Nov 23, 2021





### Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name:

Date Submitted  Month  Year

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/MMYY)	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/MMYY)	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 Joly

Date Submitted 09-12-21 Month November Year 2021

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				Expense
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project	CAT 7	Type
01-11-21	Home Internet - Telus		70.00		6502 1010	516108	N/A	Office/Operating Supp
17-11-21	Mobile Device - Bell		55.00		1010	516108	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)	Description							
18-11-21	Chamber Christmas Luncheon Ticket					41.67		41.67
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 41.67





Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 09-12-21 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	\$ 260.70
Less: BMO MasterCard	\$ - 41.67
Less: Expenses Paid	\$ -
<b>Net to be paid to: Councillor Joly</b>	<b>\$ 219.03</b>



Council Member Monthly Expense Claim Form

Select From List  
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Name: Councillor Joly

Date Submitted 09-12-21 Month November Year 2021

Authorizations & Approvals Councillor Joly 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 information provided by the Council Member at the time of submission. Signature: [Signature] Date: 09/12/21

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: Natalie Joly Date: [Blank]

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. Signature: Danielle Parsons Date: [Blank]

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: Diane McMordie Date: [Blank]

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: [Signature] Date: [Blank]



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 05/01/22 Month December Year 2021

General Council Related Business		In-Region Mileage Claim based on Chart		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 (DDMMYY)	Nature of Event/Meeting	From	To		From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	Project CAT4
									-										
									-										
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									-										
									-										
									-										
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									-										
Sub-Total																\$	-		

Professional Development		In-Region Mileage Claim based on Chart		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 (DDMMYY)	Nature of Event/Meeting	From	To		From	To	CAT7		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project CAT4
									-										
									-										
									-										
									-										
									-										
									-										
									-										
									-										
									-										
Sub-Total																\$	-		



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Name: Councillor Joly

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 @ 0.50\$/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DDMMYY)	Nature of Event/Meeting	From	To			From	To											ACCT	Cost Ctr	Project	
								CAT7		1221	1221	1222	1226	1227	1225	1224				CAT 2	CAT 4
										-											
										-											
										-											
										-											
										-											

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 @ 0.50\$/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DDMMYY)	Nature of Event/Meeting	From	To			From	To											ACCT	Cost Ctr	CAT3	CAT4
								CAT7		1220	1220	1225	1226	1221	1222	1222					
										-											
										-											
										-											
										-											
										-											

Sub-Total \$ -



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Name: Councillor Joly

Date Submitted 05/01/22 Month December Year 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
01/12/21	Mobile Device - Bell	55.00	6404	1010	516108 N/A	Mobile Device Charge
17/12/21	Home Internet - Telus	70.00		1010	516108 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 (DDMMYY)								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Joly

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 (DDMMYY)								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -

- Claim Reminders:  
 \*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\*  
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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	\$ -
<b>Net to be paid to: Councillor Joly</b>	<b>\$ 125.00</b>



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 05/01/22 Month December Year 2021

Authorizations & Approvals Councillor Joly 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. [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. [Signature] Date (DD/MM/YY)

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. [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. [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] Date (DD/MM/YY)