



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 19-11-21 Month: October Year: 2021

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way (Return 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
									-							-			
									-							-			
									-							-			
									-							-			
									-							-			
Sub-Total																\$			

Office of the Mayor (Official Events & Duties)		In-Region Mileage Claim based on Chart		One Way (Return 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: Councillor Killick

Date Submitted: 19-11-21 Month: October Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Proj# 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)					
13/10/2021	Telus Mobile	21.50	6404	1010	516114	N/A
19/10/2021	Telus Internet	35.00	6404	1010	516114	N/A

Sub-Total \$ 56.50

BMO MasterCard Expenses							
Date (DDMMYY)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration/Event Ticket *	General Expenses *	Total
							-
							-
							-
							-
							-
							-
							-
							-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 19-11-21 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	\$ 56.50
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Killick	\$ 56.50

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 of Meeting	Updates



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 19-11-21 Month: October Year: 2021

Authorizations & Approvals Councillor Killick 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 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]
 Council Member's Signature Date (DD/MM/YY)

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



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 06-12-21 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 @ \$0.555/km	Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration (Event Ticket) *	General Expenses *	Total	GL Code(s)	
Date (DDMMYY)	Nature of Event/Meeting	From	To			From	To	CAT3			1221	1221	1222	1226	1227	1225	1224		
																		ACCT	Cost Ctr CAT2
																			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 @ \$0.555/km	Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration (Event Ticket) *	General Expenses *	Total	GL Code(s)	
Date (DDMMYY)	Nature of Event/Meeting	From	To			From	To	CAT3			1225	1225	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 Killick

Date Submitted: 06-12-21

Month: November Year: 2021

Authorizations & Approvals Councillor Killick 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.
[Signature]
Preparer's Signature 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 Date (DDMMYY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
[Signature]
Accounts Payable Personnel Signature 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 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)



Council Member Monthly Expense Claim Form

Select From List
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/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:

Date Submitted

Month Year

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
13/11/2021	Telus Mobile	43.00				
19/11/2021	Telus Internet	70.00	6404	1010	516114	N/A Mobile Device Charges
			6404	1010	516114	N/A Mobile Device Charges
						Office/Operating Supp
						Office/Operating Supp

Sub-Total \$ 113.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
11/19/2021	St. Albert And Distric Chamber Christmas Lunch					250.01		250.01
11/26/2021	Poppyboxabnwt.Com Donation to Poppy Fund - Cllr Killick						100.00	100.00
11/26/2021	Canadahelps Donation SASHA donation - Cllr Killick						100.00	100.00
11/26/2021	Canadahelps Donation Food bank donation - Cllr Killick						100.00	100.00
								-
								-
								-
								-
								-

Sub-Total \$ 550.01



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 14-01-22 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**

- 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	\$ 663.01
Less: BMO MasterCard	-\$ 550.01
Less: Expenses Paid	\$ -
Net to be paid to Councillor Killick	\$ 113.00

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 of Meeting	Updates



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 14-01-22

Month: November Year: 2021

Authorizations & Approvals Councillor Killick November 2021

Preparer
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 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 Date (DD/MM/YY)

Council Member
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[Signature]

 Council Member's Signature Date (DD/MM/YY)

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

Danielle Parsons

 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

[Signature]

 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]

 City Manager Signature Date (DD/MM/YY)