SE	Albert Colored Life						Council M	lember l	Monthl	y Expen:	se Claim F	orm				Select From List Do not enter in "Grey" cells	1				
lame:	Councillor MacKay										Date Submitted	16-11-21		Month	October	Year	202				
ieneral Council R	elated Business	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Codling CAT 2		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220			1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project	CAT4	
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															Sub-Total		\$ -				
rofessional Deve	lopment	In-Region Mileage Cla	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage	e Claim (or In-Region, 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 Codling		
ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221			1226	1227				ACCT	CAT 2 Cost Ctr Project	CAT4	
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										-							-				

ST	Albert Codivate Life						Council M	lember	Monthl	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor MacKay										Date Submitted	16-11-21]	Month	October	Year	2021			
AUMA or FCM Con	nvention or Board Expenses	In-Region Mileage Cla	im based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region, 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	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	A	сст	CAT 2 Cost Ctr Project CAT4	
															Sub-Total	\$	-			
Office of the Mayo	r (Official Events & Duties)	In-Region Mileage Cla	im based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage specific	e Claim (or In-Region. 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	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	A	сст	Cost Ctr CAT3 CAT4	
															Į.					

Sub-Total

Sŧ	Albert Calculated	Council Member Monthly Exper	nse Claim F	orm				Select From List Do not enter in "Grey" cells					
Name:	Councillor MacKay		Date Submitted	16-11-21		Month	October	Year	2021				
Operating Supplie	s/Telephone/Internet/Sponsorships	Mobile Device (Max \$55Month) Home Internet (Max \$70Month), Sponsorship (Max \$1,000 Year see policy C-CC-21 Council Sponsorship)							Total		GL Cod	ling AT 2	Expense
Date (DD/MM/YY)	Detailed Description									ACCT	Cost Ctr Pr	oject CAT7	Type
26/11/2021	Home Office Internet								70.00	640	4 1010 516	8109 N/A	
							Sub-Total		\$ 70.00				
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total				
Date (DD/MM/YY)													
									-				
	1												

SE	City of Cultivate Life	Council Member Monthly E	Expense Claim F	orm				Select From List Do not enter		
Name:	Councillor MacKay		Date Submitted	16-11-21]	Month		in "Grey" cells Year	202]
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)				I						
										-
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Claim Reminders:	licy C-CC-03 Council Remuneration and Expense	Reimbursement for detailed provisions of allowable expenses**					Sub-Total		\$ -	
Meter parking m A standard miles For meal expens It is recommend Expense claims		icate (Meter) in the nature of eventimeeting section. 1 on St. Aber Place (SAP) as the base location the mature of the meeting and indicate the # of people in attendance. The full names of the participants should be issted on the back of the receipt. art. If you choose to claim specific miseage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Addit			Less: E Less: E	Fotal Exp BMO Mas Expenses se paid to	sterCard	MacKay		\$ 70.00 \$ - \$ -
Training and Deve	elopment Activities									1
Activity Name	Description of Activity Content and any learning/info	mation worth sharing								_
Board, Committee	b, Agency meetings attended (Includes both Coun	cil appointed and other approved committees)								
	Date of Meeting	Updates								
										-
										1

SEN Libert	Council Member Monthly Expense Claim Form	List	not enter 'Grey'	
lame: Councillor MacKay	Date Submitted 16-11-21 Month	October	ar 2021	
Athorizations & Approvals	Councillor MacKey		October	2021
reparer claim form was prepared by an individual other than the Council Member, sign and date below				

Authorizations & Approvals		Councillor MacKay	October	2021
Preparer 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.			
Regione Laborice (Ilov 16, 2021 16:21 MST) Preparer's Signature	Dide (DD/MMYY)			
vas completed by another individual. All applicable receipts have been attached. KEN MACKAY	Abert. Lunderstand that submitting a fraudalent claim is a very serious matter. Lunderstand that Lam solely responsible for the details of the claim.	even if the form		
Ken Macklay (Dec 16, 2021 09 41 MST) Zouncil Member's Signature	Date (DDMMYY)			
Accounts Payable have reviewed this claim for mathematical accuracy and documentation support.				
Danielle Parsons Danielle Parsons (Dec 17, 2021 0855 MST)				
Accounts Payable Personnel Signature	Date (DD/MM/YY)			
			ı	
Chief Financial Officer				
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a Diane McMordie (Dec. 17, 2023, 2015) MET)	re 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)				
have reviewed this claim and an existified that the expenses listed and the information and documentation provided a	re in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MMYY)			
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C:\Users\rlioyd|Desktop\Council Expense Claims\Monthly Expense Claims\Clir MacKay\October\[October - Council Expense Claim Form.xism]Claim Form

SE	Albert Calorae Lie						Council M	l ember	Monthl	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells					
Name:	Councillor MacKay										Date Submitted	07-12-21		Month	November	Year	2021]			
General Council R	telated Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region. mileage)	One Way /Return	Mileage Claim km's- Specific	Amount @	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		ACCT	Cost Ctr	CAT 2 Project CA	.Т4
11/17/2021	AUMA Convention	St. Albert	Edmonton- Downtown	One Way	15.00					7.58							7.58	6140	1010	516109	
11/19/2021	ALIMA Convention	St. Albert	Edmonton- Downtown	One Way	15.00					7.58							7.58	6140	1010	516109	
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Professional Deve	olopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region mileage)	One Way	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket	General Expenses *	Total		GL (oding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2	.T4
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									_					<u> </u>	l						

SĒ	Albert						Council M	lember	Monthly	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor MacKay]									Date Submitted	07-12-21		Month	November	Year	202]		
AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cia	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, 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 CAT	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Projec	£ CAT4
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Office of the Mayo	rr (Official Events & Duties)				Mieage				Mileage Claim-	Mileage	Other				Sub-Total Registration /Event Ticket		\$ -			
		In-Region Mileage Cla	aim based on Chart	/Return	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)		Claim- Specific	Amount @ 0.505/km	Transportation & Parking *	Accommodations *	Airfare*	Meals *	/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		ACCT	Cost Ctr CAT3	CAT4
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Ot	Albert Cultivate Life																																												Select List	From										
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Name:	Councillor MacKay																																Da	ite Subi	nitted	L		07-1	3-21		Mo	nth	Novem	nber	Year			2021								
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Operating Suppli	ies/Telephone/Internet/Sponsorships	Mol	Mobil	Aobile	ble	e Dev	vice ((Max	\$55/N	Month') He	me In	ernet	(Max	\$70/Mc	anth),	Sport	sorshij	p (Max	x \$1,0	Y1000	rear s	see pc	alicy C	C-0C-	21 Cc	uncil	Spore	sorshi	o)																	Total					GI	L Codir	19		
Date (DD/MM/YY	Detailed Description							_			_	_	_		_	_	_				_		_	_	_																								ACCT		0	ost Ctr	Proj	T 2 ject CA	17	Expense Type
26/11/2021	Home Office Internet						_	_	_	_	_	-	-	_	_	_	-	_	_	_	_	_	_	-	_																							70.00		6	404 10	010	5161	09	N/A	
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BMO mastercare	a expenses																																Tra	ansport irking *	ation (& Ac	comm	odations	٠,	irfare*	Me	als *	/Event	Ticket	Genera Expens	al ses •	Total									
Date (DD/MM/YY)				_	_		_			_	_	_		_	_	_				_		_	_	_							_	Т			Т			т		_		г		т	_										
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SE	Albert Catrinae Life	Council Member Mo	onthly Expense Clair	n Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor MacKay]	Date Submi	07-12-2	1	Month	November	Year	2021	1
Expenses Paid Dir	rectly by the City (eg. Petty Cash)		Other Transportati Parking *	on & Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses	Total	
Date (DD/MM/YY)										
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Detailed receipts Meter parking m A standard milea For meal expens It is recommende Expense claims	must be provided for all expenses. Credit Card slips ay be claimed without a receipt up to \$15. Clearly ind age chart is available for use. All kilometers are based as, the eventidescription section should clearly indical	Scale (Mater) in the nature of eventimeeting section. 1 on St. Albahor Place (SAP) as the base boation. The SAP is the nature of the meeting and indicate the \$f of people in attendance. The full names of the participants should be listed on the basis of it. If you choose to claim specific ministeps you must provide a Coopel map primout with the detailed to and from locations identified (it.e.).			Less: I Less: I	Total Exp BMO Mar Expenses oe paid to	sterCard	MacKay	\$ -	\$ 85 \$ \$
Training and Deve	elopment Activities									
Activity Name	Description of Activity Content and any learning/infor	mallion worth sharing								
Board, Committee	a, Agency meetings attended (Includes both Coun	cil appointed and other approved committees)								
	Date of Meeting	Updates								-
										1
										-

SAlbert .		Select From List Do not enter in 'Grey'
Name: Councillor MacKay	Date Scientists 67-12-29 Month Necestical	Year 2021
Authorizations & Approvals	Councillor MacKay	November 2021
Tripuer Claum time use prepared by an individual other from the Council Member, cign and data below Town time use the way prepared in accordance with all information produced by the Council Member at the time The Council Member of the time and time	d submission. Date (COMMYY)	
Count Manhar Contry has the appropriates claimed on this form were incurred white conducting business or behalf of the City of St excorpised by widther individual. All applicable receipts have been statched. KEN HAM AGG. K	A. Abert. I understand that submitting a flouukdent claim is a very serious matter. I understand that I am solely responsible for the details of the claim oven if the form	
Council Member's Signature	Date (DDIMM/YY)	
Account Pagin Property Land to make it to exist for exhibitation accuracy and documentation support. Landia Land	Dais (DOMAYYY)	
Color Financial Officer Deep reviewed they saw, and an egislated that the expenses lated and the information and documentation provided a DIGHT MONOTORY ADMINISTRATION OF THE STREET	are in accordance with Council pidicy C-CC-01 Council Removeration and Expense Reinbursement	
Chief Financial Officer Signature	Date (DD/MM/YY)	
Chief Administrative Officer (City Manager) Though reversity first firm as an useful to the expenses lated and the information and documentation provided a ### The Florida Commentation provided as ###################################	are in accordance with Council pidicy C-CC-30 Council Removeration and Expense Reimbursement	
Ch. Harris Charles	Dww/DDBMACCO	



Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted

14-01-22

Month

December

Year

2021

General Council R	elated Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileac	ge Claim (or In-Region,	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	5 1226	1221	1222	1222		ACCT Cost Ctr Project CAT	T4
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Sub-Total \$ -

Professional Dev	plopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. 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	То			From	То	CAT7_		1221	1221	1222	1226	1227				ACCT	CAT 2 Cost Ctr Project CAT4	
										-							-			
										-										
										-							-			

Sub-Total \$ -



Select From List

Do not enter in "Grey"
cells

Name:

Councillor MacKay

Date Submitted 14-01-22

Month December Year

2021

AUMA or FCM	Convention or Board Expenses	In-Region Mileage Cl		One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	Claim-		Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/Y	Y) Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	1	ACCT	CAT 2 Cost Ctr Project	
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Sub-Total

\$ -

Office of the Mayo	r (Official Events & Duties)	In-Region Mileage Cl		One Way C	Out-of-Region Mileage specific	e Claim (or In-Region, mileage)		Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Gen * Exp	neral enses * Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT Cost Ctr CAT3 CAT-	T4
									-							-		
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Sub-Total

\$ -



Select From List

Do not enter in "Grey"
cells

Name: Councillor MacKay

Date Submitted 14-01-22

Month December 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		G'	L Coding	
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
26/12/2021	Home Office Internet		70.00		6404 1010	516109 N/A	

Sub-Total

\$ 70.00

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)							
11/15/2021	Edmonton Chamber Registration - A Conversation with Hon. Ric McIver				\$26.25		26.25
11/19/2021	St. Albert And Distric Chamber Christmas Lunch				\$42.00		42.00
							_
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Sub-Total

\$ 68.25



Select From List Do not ente in "Grey"

Name:	Councillor MacKay	Date Submitted	14-01-22	Month	December	Year	2021	1
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Expenses Paid Di	ectly 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	\$	138.25
Less: BMO MasterCard	-\$	68.25
Less: Expenses Paid	\$	-
Net to be paid to Councillor MacKay	\$	70.00

\$ -

Sub-Total

pment Activities	
Description of Activity Content and any learning/inform	mation worth sharing
Agency meetings attended (Includes both Counc	il appointed and other approved committees)
Date of Meeting	Updates
,	Igency meetings attended (Includes both Counc



Date Submitted

14-01-22

Select From List

Do not enter in "Grey" cells

2021

December Year

Month

Name:

Councillor MacKay

Authorizations & Approvals		Councillor MacKay	December	2021
<u>Preparer</u>				
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 Men	nber at the time of submission.			
Rayann Laforce (Jan 14, 2022 16:39 MST) Preparer's Signature	Date (DD/MM/YY)			
Council Member				
	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	for the details of the claim even if the form		
was completed by another individual. All applicable receipts have been attached.				
Ken MacKay Ken MacKay (Jan 14, 2022 16:41 MST)				
Council Member's Signature	Date (DD/MM/YY)			
Council Member's Signature	Date (DD/MWV 11)			
Accounts Payable				
I have reviewed this claim for mathematical accuracy and documentation support.				
Danielle Parsons Danielle Parsons (Jan 17, 2022 08:58 MST)				
Accounts Payable Personnel Signature	Date (DD/MM/YY)			
Chief Financial Officer				
I have diviewed this claim and am satisfied that the expenses listed and the information and document	ation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Jan 17, 2022 10:26 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 document	ation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
erry Hilts (Jan 17, 2022 10:28 MST)				
City Manager Signature	Date (DD/MM/YY)			

C\Users\rlloyd\Desktop\Council Expense Claims\Monthly Expense Claims\Clir MacKay\December 2021\[December - Council Expense Claim Form.xlsm]Claim Form