



Council Member Monthly Expense Claim Form

Select From List. Do not enter in "Grey" cells.

Name: Councillor MacKay

Date Submitted: 16-11-21, Month: October, Year: 2021

Table for General Council Related Business with columns for Date, Nature of Event/Meeting, In-Region Mileage Claim, Out-of-Region Mileage Claim, and various expense categories. Includes a sub-total row.

Table for Professional Development with columns for Date, Nature of Event/Meeting, In-Region Mileage Claim, Out-of-Region Mileage Claim, and various expense categories. Includes a sub-total row.



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 16-11-21

Month: October Year: 2021

AUMA or FCM Convention or Board Expenses		In-Region Mileage Claim based on Chart		One Way (Return 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 *	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)	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: Councillor MacKay

Date Submitted: 16-11-21 Month: October Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Proj#	CAT 7 Expense Type
	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month) Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)					
26/11/2021	Home Office Internet	70.00	6404	1010	516109	N/A

Sub-Total \$ 70.00

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

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 16-11-21 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	\$ 70.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor MacKay</b>	<b>\$ 70.00</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)	
Date of Meeting	Updates



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 16-11-21 Month: October Year: 2021

Authorizations & Approvals Councillor MacKay 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] [Date]

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: Ken MacKay] [Date]

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

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]

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]



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: **Councillor MacKay**

Date Submitted: **07-12-21** Month: **November** Year: **2021**

General Council Related Business		In-Region Mileage Claim based on Chart		Mileage Claim km's (From Chart)	Out of Region Mileage Claims or In-Region specific mileage		One Way Return	Mileage Claim km's - Specific	Mileage Amount @ 0.655/km	Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding
Date (DDMMYY)	Nature of Event/Meeting	From	To	One Way Return	From	To	CAT7										
11/12/2021	ALMA Convention	St. Albert	Edmonton-Downsview	One Way					7.88							7.88	ACCT Cost Ctr Project CAT4 1010 616109
11/19/2021	ALMA Convention	St. Albert	Edmonton-Downsview	One Way					7.88							7.88	ACCT Cost Ctr Project CAT4 1010 616109
Sub-Total																15.76	

Professional Development		In-Region Mileage Claim based on Chart		One Way Return	Mileage Claim (From Chart)	Out of Region Mileage Claims or In-Region specific mileage		One Way Return	Mileage Claim Specific	Mileage Amount @ 0.655/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	One Way Return		From	To	CAT7										
Sub-Total																0		



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 07-12-21 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 MacKay

Date Submitted: 07-12-21 Month: November Year: 2021

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project	CAT 7 Expense Type
20/11/2021	Home Office Internet	70.00		6404 1010	516109	N/A

Sub-Total \$ 70.00

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

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 07-12-21 Month: November Year: 2021

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

Table with columns: Date (DDMMYY), Other Transportation & Parking, Accommodations, Airfare, Meals, Registration Event Ticket, General Expenses, Total

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 Mileometers 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 details 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

Summary table with rows: Grand Total Expenses \$ 85.15, Less: BMO MasterCard \$ -, Less: Expenses Paid \$ -, Net to be paid to Councillor MacKay \$ 85.15

Training and Development Activities

Table with columns: 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)

Table with columns: Date of Meeting, Updates



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 07-12-21

Month: November Year: 2021

Authorizations & Approvals Councillor MacKay 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] 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: Ken MacKay] Date (DDMMYY)

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. [Signature: Lynn LaVallee] 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: Diane McMorde] 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] Date (DDMMYY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	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 (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4	
Sub-Total																	\$				

Professional Development		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	CAT 2 Project CAT4	
Sub-Total																	\$				



Council Member Monthly Expense Claim Form

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 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 MacKay

Date Submitted 14-01-22

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)						
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*	Meals *	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
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 68.25



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

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	\$ 138.25
Less: BMO MasterCard	-\$ 68.25
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor MacKay</b>	<b>\$ 70.00</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)	
Date of Meeting	Updates



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 14-01-22

Month December Year 2021

Authorizations & Approvals Councillor MacKay 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]*  
 \_\_\_\_\_  
 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.

*Ken MacKay*  
 \_\_\_\_\_  
 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)