

Council Member Monthly Expense Claim Form

Select From List

Do not enter in
"Grey" cells

N	а	m	e	:

Councillor Watkins

Date Submitted 15/11/2021 Month October

2021

General Council F	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)		Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Co	ding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1220			1226	1221	1222	1222		ACCT	Cost Ctr P	CAT 2 roject CAT4	
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Sub-Total \$ -

Professional Deve	lopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	e Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket Gen * Exp	eral enses * Total		GL Coding
Date (DD/MM/YY)		From	То			From		CAT7_		1221			1226	1227	1225	1224	,	CAT 2 ACCT Cost Ctr Project CAT4
										_							-	

Sub-Total \$ -



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Name:

Councillor Watkins

Date Submitted 15/11/2021

Month

ctober Year

2021

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage CI	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	e Claim (or In-Region. mileage)	One Way		Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses * Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_	122	1 1221	1222	1226	1227	1225	1224		CAT 2 ACCT Cost Ctr Project	
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl			Out-of-Region Mileag	ge Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Gene * Expe	eral enses * Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	122	1 1222	1222		ACCT Cost Ctr CAT3 CAT4
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Sub-Total \$ -

ST Ubert Cativate Life	Council Member Monthly Expense Claim Form

Name:

Councillor Watkins

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

CAT 2 Expense
ACCT Cost Ctr Project CAT7 Type

ACCT Home Internet/Sponsorships (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)

ACCT Cost Ctr Project CAT7 Type

Date Submitted 15/11/2021

Sub-Total \$ -

Select From List

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"Grey" cells

Month

2021

BMO MasterCard I	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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Councillor Watkins

Date Submitted 15/11/2021

2021

Expenses Paid Directly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MMYY)				•			
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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 Less: BMO MasterCard Directly Net to be paid to: Councillor Watkins

Sub-Total

Training and Dev	elopment Activities	
Activity Name	Description of Activity Content and any learning/i	nformation worth sharing
Board, Committee	, Agency meetings attended (Includes both Co	uncil appointed and other approved committees)
Date of Meeting	Name of Meeting	Updates

SE	City of Cultivate Life	Council Member Monthly Expense Claim Form Select From List Do not enter in "Grey" cells
Name:	Councillor Watkins	Date Submitted 15/11/2021 Month October Year 2021



Name:

Councillor Watkins

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Date Submitted 15/11/2021

1/2021

Month October Ye

2021

Authorizations & Approvals		Councillor Watkins	October	202
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 a Preparer's Signature	the time of submission. 15-11-21 Date (DD/MM/YY)			
Council Member I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the 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 Nov 16, 2021	f the claim even if the form		
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Danielle Parsons Danielle Parsons (Nov 17, 2021 13:24 MST) Accounts Payable Personnel Signature	Nov 17, 2021 Date (DD/MMYY)			
]	
Chief Financial Officer	provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Diane McMordie Diane McMordie Diane McMordie Diane McMordie Diane McMordie (Nov 17, 2021 16:57 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	provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement Nov 23, 2021			
City Manager Signature	Date (DD/MMYY)			
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