



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

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 | 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 |
| | | | | | | | | | | - | | | | | | | | | | |
| | | | | | | | | | | - | | | | | | | | | | |
| | | | | | | | | | | - | | | | | | | | | | |
| | | | | | | | | | | - | | | | | | | | | | |
| | | | | | | | | | | - | | | | | | | | | | |

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: Mayor Heron

Date Submitted 16-11-21

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) | | | | | | | |
| 21-10-21 | Telus Mobility - Mobile Device Charges | 18.30 | | | | | |
| 01-10-21 | Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum) | 23.00 | 6404 | 1010 | 516112 | N/A | |
| | | | 6404 | 1010 | 516112 | N/A | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Sub-Total \$ 41.30

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|--|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| Date (DD/MM/YY) | | | | | | | | |
| 04-10-21 | Hotel refund from Fairmont Banff Springs Hotel | | | | | \$339.59 | | 339.59 |
| 04-10-21 | Socrates Final Council Dinner | | | | | \$163.01 | | 163.01 |
| 19-10-21 | Books for Council Gifts | | | | | \$143.39 | | 143.39 |
| 19-10-21 | Paint the Town Purple Breakfast ticket | | | | | \$25.00 | | 25.00 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 670.99



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

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**

- 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 | \$ 712.29 |
| Less: BMO MasterCard | -\$ 670.99 |
| Less: Expenses Paid | \$ - |
| Net to be paid to Mayor Heron | \$ 41.30 |

| 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: Mayor Heron

Date Submitted: 16-11-21

Month: October Year: 2021

Authorizations & Approvals Mayor Heron 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.

Lynda Lavallee
 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

Diane McMordie
 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: Mayor Heron

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 @ 0.505/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 | 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: Mayor Heron

Date Submitted: 06-12-21 Month: November 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 |
| 21-11-21 | Telus Mobility - Mobile Device Charges | 18.30 | | | | | |
| 01-11-21 | Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum) | 23.00 | 6404 | 1010 | 516112 | N/A | |
| | | | 6404 | 1010 | 516112 | N/A | |
| | | | | | | | |
| | | | | | | | |

Sub-Total \$ 41.30

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|------------------------------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| 13/11/2021 | Christmas Tree Sponsorship (Mayor) | | | | | | 150.00 | 150.00 |
| 15/11/2021 | Pins | | | | | | 178.71 | 178.71 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 328.71



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 06-12-21 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**

- 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 | \$ | 506.86 |
| Less: BMO MasterCard | -\$ | 328.71 |
| Less: Expenses Paid | \$ | - |
| Net to be paid to Mayor Heron | \$ | 178.15 |

| 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: Mayor Heron

Date Submitted: 06-12-21 Month: November Year: 2021

| | | | |
|--|-------------|----------|------|
| Authorizations & Approvals | Mayor Heron | November | 2021 |
| <p>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.</p> <p><i>[Signature]</i> Preparer's Signature _____ Date (DD/MM/YY) _____</p> | | | |
| <p>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.</p> <p><i>[Signature]</i> Council Member's Signature _____ Date (DD/MM/YY) _____</p> | | | |
| <p>Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.</p> <p><i>[Signature]</i> Accounts Payable Personnel Signature _____ Date (DD/MM/YY) _____</p> | | | |
| <p>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</p> <p><i>[Signature]</i> Chief Financial Officer Signature _____ Date (DD/MM/YY) _____</p> | | | |
| <p>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</p> <p><i>[Signature]</i> City Manager Signature _____ Date (DD/MM/YY) _____</p> | | | |



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

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: Mayor Heron

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 | 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) | | | | | | | |
| 21-12-21 | Telus Mobility - Mobile Device Charges | 18.30 | | | | | |
| 01-12-21 | Shaw - Home Office Internet (Mayor to charge one third of the allotted maximum) | 23.00 | 6404 | 1010 | 516112 | N/A | |
| | | | 6404 | 1010 | 516112 | N/A | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Sub-Total \$ 41.30

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|--------------------------------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| 11/16/2021 | Craft Beer - Mid Sized Cities Social | | | | 417.70 | | | 417.70 |
| 11/17/2021 | Fairmont Hotel McDonald | | | | 220.54 | | | 220.54 |
| 12/03/2021 | Globe Forum FCM Attendee | | | | | \$195.00 | | |
| 11/23/2021 | Impark | 40.00 | | | | | | 40.00 |
| 11/15/2021 | AUMA Pins | | | | | | 259.64 | 259.64 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 937.88



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 14-01-22 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 (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 | \$ 979.18 |
| Less: BMO MasterCard | -\$ 937.88 |
| Less: Expenses Paid | \$ - |
| Net to be paid to Mayor Heron | \$ 41.30 |

| 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: Mayor Heron

Date Submitted: 14-01-22

Month: December Year: 2021

Authorizations & Approvals Mayor Heron 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.

[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) _____