



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: **Councillor Biermanski**

Date Submitted **01/02/22** Month **January** Year **2022**

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)						
19/01/22	Home Internet - Telus	70.00	6404	1010	516113 N/A	Mobile Device Charge
11/01/22	Mobile Device - Telus	55.00		1010	516113 N/A	Mobile Device Charge

Sub-Total \$ 125.00

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

Sub-Total \$ -



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****
 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	\$	125.00
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Biermanski	\$	125.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 01/02/22 Month January Year 2022

Authorizations & Approvals Councillor Biermanski January 2022

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 (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] Date (DD/MM/YY)

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



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 02/03/22 Month February Year 2022

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	GL Coding				Expense Type
Date (DD/MMYY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project	CAT 7	
11/02/22	Mobile Device - Telus		55.00		6404 1010	516113	N/A	Mobile Device Charge
19/02/22	Home Internet - Telus		70.00		1010	516113	N/A	Mobile Device Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MMYY)	Description							
17/02/22	ABMunis Spring MLC Registration					131.25		131.25
17/02/22	Taste of Africa Ticket					13.00		13.00
								-
								-
								-
								-
								-
								-

Sub-Total \$ 144.25



Council Member Monthly Expense Claim Form

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Name: Councillor Biermanski

Date Submitted 02/03/22 Month February Year 2022

Authorizations & Approvals Councillor Biermanski February 2022

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: Shelley Biermanski] Date (DDMMYY)

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. [Signature: Danielle Parsons] 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: Anne Vctor] 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: Kelly Hills] Date (DDMMYY)



Council Member Monthly Expense Claim Form

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Name: Councillor Biermanski

Date Submitted 05/04/22

Month March Year 2022

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	CAT 2 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 \$ -



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Name:

Date Submitted:

Month: Year:

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	GL Coding				Expense Type
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19/03/22	Home Internet - Telus		70.00		1010	516113	N/A	Mobile Device Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
14/03/22	Mayor's Celebration of the Arts Ticket					22.41		22.41
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 22.41



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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 \$ -

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Grand Total Expenses	\$ 147.41
Less: BMO MasterCard	-\$ 22.41
Less: Expenses Paid	\$ -
Net to be paid to Councillor Biermanski	\$ 125.00



Council Member Monthly Expense Claim Form

Select From List
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Name: Councillor Biermanski

Date Submitted 05/04/22

Month March Year 2022

Authorizations & Approvals

Councillor Biermanski March 2022

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.

Shelley Biermanski
 Shelley Biermanski (Apr 6, 2022 07:37 MDT)
 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 (Apr 6, 2022 08:20 MDT)
 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

Brenda Barclay
 Brenda Barclay (Apr 6, 2022 08:27 MDT)
 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]
 Kerry Hiltz (Apr 6, 2022 08:35 MDT)
 City Manager Signature _____ Date (DD/MM/YY) _____