



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted Month Year

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)						
01/01/22	Mobile Device - Bell	55.00	6404	1010	518108 N/A	Mobile Device Charge
17/01/22	Home Internet - Telus	70.00		1010	518108 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)								
24/01/22	St. Albert Chamber Business@Lunch					40.00		40.00
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 40.00



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Name:

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Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YYYY)								
								-
								-
								-
								-
								-
								-
								-

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	\$	165.00
Less: BMO MasterCard	-\$	40.00
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Joly	\$	125.00



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Select From List
Do not enter in "Grey" cells


Name:

Date Submitted: Month: Year:

Authorizations & Approvals Councillor Joly 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.


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.

Council Member's Signature _____ Date (DD/MM/YY) _____

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.

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

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

City Manager Signature _____ Date (DD/MM/YY) _____

Name:

Date Submitted

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 *	Ac
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	
										-		
										-		
										-		
										-		
										-		

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 *	Ac
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	
										-		
										-		
										-		
										-		
										-		



Name:

Date Submitted

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Ac
Date (DD/MM/YY)			

Claim Reminders:

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Name:

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Authorizations & Approvals

Preparer

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[Signature]
Preparer's Signature

Date (DD/MM/YY)

Council Member

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Natalie Joly
Natalie Joly (Mar 2, 2022 11:35 MST)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

I have reviewed this claim for mathematical accuracy and documentation support.

Yukiko Shionoya
Yukiko Shionoya (Mar 3, 2022 10:59 MST)

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]
Anne Victor (Mar 3, 2022 13:55 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 documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

[Signature]
Kery Hilts (Mar 3, 2022 14:22 MST)

City Manager Signature

Date (DD/MM/YY)

Name:

Date Submitted

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Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	
										-		
										-		
										-		
										-		
										-		

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										-		
										-		
										-		
										-		
										-		



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Date (DD/MM/YY) _____

Chief Financial Officer

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Chief Financial Officer Signature _____

Date (DD/MM/YY) _____

Chief Administrative Officer (City Manager)

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City Manager Signature _____

Date (DD/MM/YY) _____