

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

09-02-22 Date Submitted

January Month

2022

General Council Rela	lated Business	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, 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) N	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		CAT 2 ACCT Cost Ctr Project CAT4	Г4
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage Ch	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Cod	ing
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr Pr	AT 2 oject CAT4
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Sub-Total



Select From List

Do not enter in "Grey"
cells

Name:

Councillor Killick

Date Submitted 09-02-22

Month January

2022

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	e Claim (or In-Region. mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	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		CAT7_		1221			1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	
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Sub-Total \$ -

Office of the Mayo	r (Official Events & Duties)	In-Region Mileage C		One Way Claim (F		ge Claim (or In-Region, c mileage)		Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Gene * Expe	ral nses * Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	ACCT	Cost Ctr CAT3 CAT4	
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ub-Total \$ -



Select From List

Do not ent	e
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Name: Councillor Killick

09-02-22 Date Submitted

Month January 2022

Operating Supplie	es/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			
Date (DD/MM/YY)	Detailed Description			ACCT Co	CAT st Ctr Proje	2 ct CAT7	Expense Type	
13/01/2022	Telus Mobile		43.00	6404 10	10 51611	4 N/A	Mobile De	evice Charges
19/01/2022	Teslus Internet		60.00	10	10 51611	4 N/A	Mobile De	evice Charges

Sub-Total

\$ 103.00

BMO MasterCard E	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 Killick

Date Submitted 09-02-22 Month

Sub-Total

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Expenses Paid Di	ectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
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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 Less: Expenses Paid	\$ \$ \$	103.00
Net to be paid to Councillor Killick	\$	103.00



Select From List

Do not enter in "Grey"
cells

Name: Councillor Killick

Date Submitted 09-02-22 Month January Year 2022

Authorizations & Approvals		Councillor Killick	January	2022
		Godficilior Killick	January	2022
Preparer f claim form was prepared by an individual other than the Council Member, sign and date below				
r Caim om was prépare u y an institution coner han title council memoer, sign also date below  fils expense claim form was prepared in accordance with all information provided by the Council Member at the time  fils expense claim form was prepared in accordance with all information provided by the Council Member at the time	of submission.			
Rayann Latorce (Feb 9, 2022 15:15 MST)				
Preparer's Signature	Date (DD/MM/YY)			
Council Member				
	t. 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	aim even if the form		
was completed by another individual. All applicable receipts have been attached.				
### ##################################				
	D + (PD4M400)			
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable			1	
have reviewed this claim for mathematical accuracy and documentation support.				
<u>L. Lavallee</u>				
L. Lavallee (Feb 10, 2022 08:06 MST)				
Accounts Payable Personnel Signature	Date (DD/MM/YY)			
			1	
Chief Financial Officer				
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided a	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
nne Victoor (Feb 10, 2022 14:16 MST)				1
······································				
Chief Financial Officer Signature	Date (DD/MM/YY)			
			•	
			]	
Chief Administrative Officer (City Manager)				
have reviewed his 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			1
· KU				
erry Hilts (Feb 10, 2022 14:42 MST)				1
City Manager Signature	Date (DD/MM/YY)			
			I	
				- 1

C:\Users\rilgord\Desktop\Council Expense Claims\Monthly Expense Claims\Cllr Killick\January 2022\([Clfr Killick - January - Council Expense Claim Form - MASTER Revised November 2021.xism)\([Claim Form - MASTER Revised November 2021.xism)\([Claim



Select From List Do not enter in "Grey" cells

2022

Councillor Killick Name:

01/03/22 Month Date Submitted

Date (DD/MM/YY) Nature of Event/Meeting	From	То		From	То	CAT7									
							1220	1220	1225	1226	1221	1222	1222		ACCT Cost Ctr Project CAT4
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Professional Dev	·	In-Region Mileage Cl	aim based on Chart	Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	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_		1221	1221	1222	1226	1227	1225	1224		ACCT Cost Ctr Project CAT4
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Sub-Total



Select From List Do not enter in "Grey" cells

2022

Name: Councillor Killick

Date Submitted 01/03/22 Month February Year

AUMA or FCM Co	AUMA or FCM Convention or Board Expenses		aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket	General Expenses *	Total		GL Co		
Date (DD/MM/YY)	Nature of Event/Meeting	From To				From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	ı	ACCT	Cost Ctr F	CAT 2 Project CAT4	
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Sub-Total \$ -

Office of the Ma	Office of the Mayor (Official Events & Duties)		Claim based on Chart			ge Claim (or In-Region. mileage)	One Way		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Codin	g	
Date (DD/MM/YY	) Nature of Event/Meeting	From	То		From	То	CAT7_	1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4	
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Sub-Total \$ -



Select From List Do not enter in "Grey" cells

Name:	
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Councillor Killick

Date Submitted

Month

01/03/22

ebruary Year

2022

Operating Suppl	ies/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		
Date (DD/MM/YY)	Detailed Description			ACCT Cost C	CAT 2 r Project CA		pense pe
13/02/2	2 Mobile Device - Telus		43.00	6404 1010	516114	N/A Mo	bile Device Charg
19/02/2	2 Home Internet - Telus		63.00	1010	516114	N/A Mo	bile Device Charg

Sub-Total

\$ 106.00

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

\$ -





Name:	Councillor Killick	D	Date Submitted	01/03/22	Мо	_	February	Year	2022	

Expenses Paid Dir	Other Transportation & Parking *	Accommodations *	Airfare*	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)						
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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	\$ 106.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Killick	\$ 106.00

Sub-Total





Name:

Councillor Killick

01/03/22

Date Submitted

Authorizations & Approvals	Councillor Killick	February 2022
Preparer If claim form was prepared by an individual other than the Council Member, sign and date below This expense claynform was prepared in accordance with all information provided by the Council Member at the t Preparer's Signature	Date (DD/MMYY)	
Council Member  I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by another individual. All applicable receipts have been attached.    Council Member   Council Member   City of the City o	f 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	
Council Member's Signature	Date (DD/MMYY)	
Accounts Payable  I have reviewed this claim for mathematical accuracy and documentation support.  Danielle Parsons Danielle Parsons (Mar 2, 2022 12:21 MST)  Accounts Payable Personnel Signature	Date (DD/MMYY)	
Chief Financial Officer  I have reviewed this claim and am satisfied that the expenses listed and the information and documentation providence.  Anne Victoor (Mar 2, 2022 12:31 MST)	led are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
Chief Financial Officer Signature	Date (DD/MMYY)	
		1
Chief Administrative Officer (City Manager)		
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided by the state of the	led are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
City Manager Signature	Date (DD/MM/YY)	

St	Abert Caltrivate Life						Council M	lember	Monthly	y Expens	se Claim F	Form				Select From List Do not enter in "Grey" cells				
Name:	Councillor Killick										Date Submitted	07/04/22		Month	March	Year	202	2		
General Council F	Related Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	CAT 2 Cost Ctr Project CA	T4
															Sub-Total		\$ -			
Professional Deve	elopment	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage	e Claim (or In-Region, 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	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CA	T4
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															Sub-Total		\$ -			

SE	Albert						Council M	lember	Monthl	y Expen	se Claim F	form				Select From List Do not enter in "Grey" cells				
Name:	Councillor Killick										Date Submitted	07/04/22		Month	March	Year	202	2		
AUMA or FCM Co	envention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	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	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	CAT4
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																		1		
															Sub-Total		\$ -			
Office of the May	or (Official Events & Dutles)	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, 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	То			From	То	CAT7_		1220		1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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SE	Lity of Liber 4 Cultivare Life	Council Member Monthly Expe	nse Claim F	orm			Select From Lis Do not enter in "Grey" ce							
Name:	Councillor Killick		Date Submitted	07/04/22	Mc	onth March	Year	:	2022					
Operating Supplie	rs/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		Ó	GL Coding CAT 2		Expense	
Date (DD/MM/YY)	Detailed Description								ACCT	Cost C	tr Project	CAT7	Туре	
19/03/22	Home Internet - Telus							63	3.00	6404 1010	516114	N/A	Mobile Devi	ce Charge
13/03/22	Mobile Device - Telus							44	1.13	1010	516114	N/A	Mobile Devi	oe Charge
									_					
									_					
						Sub-Tot	al	\$ 107	1.13					
BMO MasterCard	Expenses		Other Transportation & Parking *	Accommodations *	Airfare* Me	Registra /Event T	ition licket General Expense	s * Total						
Date (DD/MM/YY)														
14/03/22	Mayor's Celebration Of the Arts Ticket					2	2.41	22	2.41					

Sub-Total

\$ 22.41

SEALBERT Catasser Life		Council Member Monthly Expense Claim Form			Select From List Do not enter in "Grey" cells		
Name:	Councillor Killick	Date Submitted 07/04/22	Month	March	Year	2022	
Expenses Paid D	irectly by the City (eg. Petty Cash)	Other Transportation 8 Parking * Accommodations * Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	
Date (DD/MM/YY)							
			<u> </u>			-	
			<u> </u>		<u> </u>		
			<u> </u>				
						_	
				Sub-Total		\$ -	

Claim Reminders:

\*\*See Council Policy C-CC-43 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\*

1. Detailed records thus the provided for all expenses. Credit Card slips are NOT an acceptable form of recept.

2. Meter parking may be claimed without a receipt up to \$15. Cleanly indicate (Meter) in the nature of eventimenting 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 eventificenception section should clearly indicate the nature of the meeting and indicate the #6 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 expenses claims will not be processed

Grand Total Expenses Less: BMO MasterCard Less: Expenses Paid 129.54 22.41 \$ 107.13 Net to be paid to: Councillor Killick

SEAlbert	Council Member Monthly Expense Claim Form	Select From List
- Continue Site		Do not enter in "Grey" cells
Name: Councillor Killick	Date Submitted 07/04/22 Month	March Year 2022
Authorizations & Approvals	Councillor Killick	March 2022
Preparer If claim from was prepared by an individual other than the Council Member, sign and date below This expenses dairy/kgrr was prepared in accordance with all information provided by the Council Member at the I		
This expected distribution was prepared in accordance with all information provided by the Council Member at the t	me of submission.	
Preparer's Signature	Date (DD/MMYY)	
Council Member		
I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by another individual. All applicable receipts have been attached.	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	
Mike killick (Apr.7, 2022 16/48 MDT)		
Council Member's Signature	Date (DD/MMYY)	
Accounts Payable		
I have reviewed this claim for mathematical accuracy and documentation support.  Danielle Parsons		
Danielle Parsons (Apr 11, 2022 09:05 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.	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
Anne Victoor (Apr 11, 2022 11:25 MDT)	<del></del>	
Chief Financial Officer Signature	Date (DD/MMYY)	
Chief Administrative Officer (City Manager)		
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provide	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	