

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted

Month  Year

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region-specific 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)	Nature of Event/Meeting	From	To			From	To	CAT7		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4
										-										
										-										
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										-										
										-										
										-										
Sub-Total																				\$ -

Professional Development		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
										-										
										-										
										-										
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										-										
										-										
										-										
										-										
Sub-Total																				\$ -



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 09-02-22

Month January 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	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:

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)							
26/01/2022	Shaw Internet	70.00		6404 1010	516109	N/A	Mobile Device Charges
Sub-Total		\$ 70.00					

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
12/20/2021	Donation to Operation Santa Station						250.00	250.00
Sub-Total							\$ 250.00	



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 09-02-22 Month January Year 2022

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	\$ 320.00
Less: BMO MasterCard	-\$ 250.00
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor MacKay</b>	<b>\$ 70.00</b>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 09-02-22

Month: January Year: 2022

Authorizations & Approvals Councillor MacKay 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]*  
Preparer's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

Rayann Labrecq (Feb 9, 2022 15:54 MST)

**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.

*Ken MacKay*  
Council Member's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

Ken MacKay (Feb 9, 2022 16:00 MST)

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

*L. Lavallee*  
Accounts Payable Personnel Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

L. Lavallee (Feb 9, 2022 16:14 MST)

**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

*Anne Victor*  
Chief Financial Officer Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

Anne Victor (Feb 9, 2022 17:37 MST)

**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

*Kerry Hilts*  
City Manager Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

Kerry Hilts (Feb 10, 2022 07:54 MST)



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:

Date Submitted

**Authorizations & Approvals**

**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.

*[Handwritten 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  
was completed by another individual. All applicable receipts have been attached.

*Ken MacKay*

Ken MacKay (Mar 6, 2022 12:12 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 7, 2022 09:05 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

*Anne Victor*

Anne Victor (Mar 7, 2022 15:30 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

*Kery Hilts*

Kery Hilts (Mar 7, 2022 16:10 MST)

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:

Date Submitted

**Authorizations & Approvals**

**Preparer**

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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  
was completed by another individual. All applicable receipts have been attached.

Ken MacKay  
Ken MacKay (Apr 12, 2022 13:44 MDT)

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 (Apr 13, 2022 10:55 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

Anne Victor  
Anne Victor (Apr 13, 2022 11:28 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

Kerry Hilts  
Kerry Hilts (Apr 13, 2022 12:00 MDT)

City Manager Signature \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_