St	Albert Cultivate Life						Council M	lember	Monthl	y Expen	se Claim F	orm				Select From List Do not enter in "Grey" cells				
Name:	Councillor Killick]									Date Submitted	02/05/22	2	Month	April	Year	202			
General Council F	Related Business	In-Region Mileage C	aim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Milesg specific	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 CAT 2	
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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										-										
															Sub-Total		\$ -			
Professional Deve	elopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	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		1	1		1				

Sub-Total

\$ -

SĒ	Albert Cultivate Life						Council M	lember	Month	ly Expen	se Claim F	Form				Select From List Do not enter in "Grey" cells			
Name:	Councillor Killick										Date Submitted	02/05/22	2	Month	April	Year	202	2	
AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cl	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*	Meals *	or Course Registration /Event Ticket	General Expenses *	Total		GL Coding
Date (DD/MMYY)	Nature of Event/Meeting	From	То				То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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		1				Γ					1	ı			Sub-Total		\$ -		
Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C	aim based on Chart	One Way	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	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3 CAT4
																		1	
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										-							-	-	
															Sub-Total		\$ -	_	

SE	Albert	Council Member Monthly Expe	nse Claim Form	Select From Lis	.]					
	Sunivate Life			Do not enter in "Grey" ce						
Name:	Councillor Killick		Date Submitted 02/05/22	Month April Year	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 2 ost Ctr Project		Expense Type	
13/04/22	Mobile Device - Telus				43.00	6404 10	10 516114	N/A	Mobile Device	ice Charge
19/04/22	Home Internet - Telus				66.15	10	10 516114	N/A	Mobile Device	ice Charge
				Sub-Total	\$ 109.15					
BMO MasterCard	Expenses		Other Transportation & Parking * Accommodations * Air	Registration /Event Ticket General fare* Meals * Expenses	s * Total					
				•		i				

06/04/22 UDI Luncheon Ticket

\$ 98.01

66.51

66.51

Sub-Total

Sŧ	Council Member Monthly Ex	oense Claim I	Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Killick	Date Submitted	02/05/22		Month	April	Year	2022	
Expenses Paid D	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	
Date (DD/MM/YY)						1			
Claim Reminders:	ilicy C-CC-33 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**	,				Sub-Total		\$ -	
Detailed receipt Meter parking n A standard mile For meal expen It is recommend Expense claims	must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt. sy be claimed without a receipt up to \$15. Clearly indicate (leter) in the nature of eventimening section, age chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location see, the eventificescription 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 re do 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 must be submitted with 10 days of the following month one claims will not be processed			Less: E	MO Mas xpenses	sterCard	Killick		\$ 207.15 -\$ 98.01 \$ - \$ 109.15

4 of 5

SPHERT Californ Life		Select From List Do not enter in "Grey" cells
Name: Councillor Killick	Date Submitted 02/05/22 Month April	Year 2022
Authorizations & Approvals	Councillor Killick	April 2022
Preparer This expected out of the Council Member, sign and date below the council Member, sign and date below the separate out of the council Member at	Time of submission. Date (DDMMYY)	
Council Member I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City was completed by another individual. All applicable receipts have been attached. **The Proceedings of the City of	of St. Albert. I understand that submitting a fraudulent dalm 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.		
Accounts Payable Personnel Signature	Date (DD/MMYY)	
Chief Financial Officer		
There reviewed this claim and am satisfied that the expenses listed and the information and documentation prov - View Zene Victor (My 10, 2021 13-33 MOT)	ided are in accordance with Council policy C-CC-93 Council Remuneration and Expense Reimbursement	
Chief Financial Officer Signature	Date (DD/MMYY)	
		_
Chief Administrative Officer (City Manager) Theve reviewed this claim adm satisfied that the expenses listed and the information and documentation prov	ided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
City Manager Signature	Date (DD/MMYY)	



Select From List Do not enter in "Grey" cells

lame:	Councillor Killick

Date Submitted 15/06/22 Month May Year 2022

General Council F	Nal-ted Business				Mileage Claim km's				Mileage Claim	Mileage	Other				Registration /Event Ticket						
General Council F	telated Business	In-Region Mileage Cl	aim based on Chart	One Way /Return	(From Chart)	Out-of-Region Mileag specific	e Claim (or In-Region, mileage)	One Way /Return	km's- Specific	Amount @ 0.505/km	Transportation & Parking *	Accommodations *	Airfare*	Meals *	/Event Ticket *	General Expenses *	Total		GL	. Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То					CAT7_		122			5 1226	1221	1222	1222	:	ACCT	Cost Ctr	CAT 2 Project CAT	Т4
13/05/22	EMRB Welcome to the Region event	St. Albert	Morinville	Return	38.00					19.1	9						19.19	6140	1010	516114	
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Sub-Total \$ 19.19

Professional Dev	relopment	In-Region Mileage	Claim based on Chart	One Way	Out-of-Region Mileac	ge Claim (or In-Region, mileage)	One Way	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket G *	enera l xpenses *	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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Sub-Total	\$ -



Select From List Do not enter in "Grey" cells

Name:	ame: C
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Councillor Killick

Date Submitted

Month May

15/06/22

2022

AUMA or FCM Cor	vention or Board Expenses	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		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	
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Sub-Total \$

Office of the May	or (Official Events & Duties)	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 /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Codir	ng
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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Select From List
Do not enter in "Grey" cell

Name:	Councillor Killick

Date Submitted 15/06/22 Month May Year 2022

Operating Suppli	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	Cost Ctr	CAT 2 Project C		Expense Type	
19/05/22	2 Home Internet - Telus		66.15		6404 1010	516114	N/A	Mobile De	evice Charge
13/05/22	2 Mobile Device - Telus		43,00		1010	516114	N/A	Mobile De	evice Charge

Sub-Total \$ 109.15

BMO MasterCard E	xpenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
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Do not enter in "Grey" cells

Councillor Killick 15/06/22 Name: Date Submitted

Expenses Paid Di	rectly by the City (eg. Petty Cash)	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 128.34 Less: BMO MasterCard Less: Expenses Paid \$ 128.34 Net to be paid to Councillor Killick

Sub-Total



Date Submitted

15/06/22



Name: Councillor Killick

Authorizations & Approvals Councillor Killick 2022 Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below Date (DD/MM/YY) 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.

Danielle Parsons Accounts Payable Personnel Signature Date (DD/MM/YY) Chief Financial Officer 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 anvier-Date (DD/MM/YY) Chief Financial Officer Signature Chief Administrative Officer (City Manager) iewed 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)

P:\Mayor's Office\Expenses - F00\2022\5 - May\Killick\Cllr Killick Council Expense Claim Form - MASTER Revised November 2021.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

Name:
Name:

Councillor Killick

Date Submitted

Month

05/07/22

une Year

2022

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 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)	Nature of Event/Meeting	From	То					CAT7_		1220			5 1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT	Г4
22/06/22	NSWA Annual AGM - St. Albert Committee Rep	St. Albert	Edmonton- Downtown	Return	30.00					15.15							15.15	6140	1010	516114	
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	•		•		•	•			•		•	•	•	•	Sub Total		¢ 1515				

Sub-Total \$ 15.15

Professional Deve	plopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ne Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation 8 Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket * Expen	al ses * Total	GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	CAT 2 ACCT Cost Ctr Project CAT4
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Select From List

Do not enter in
"Grey" cells

Name:

Councillor Killick

Date Submitted

Month

05/07/22

ne Year

2022

AUMA or FCM Cor	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)			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	CAT Cost Ctr Proje	2 ect CAT4	
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Ge * Exp	eneral	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	122	1 1222	1222		ACCT	Cost Ctr CAT3	CAT4
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Select From List

Do not enter in
"Grey" cells

Name:	Councillor Killick

Date Submitted 05/07/22 Month June Year 2022

Operating Supplie	s/Telephone/Internet/Sponsorships Mobile D	Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total		SL Coding		
Date (DD/MM/YY)	Detailed Description			ACCT Cost C	CAT 2 r Project CAT7	Expense Type	
13/06/22	Mobile Device - Telus		48.24	6404 1010	516114 N/A	Mobile Device Cha	narge
19/06/22	Home Internet - Telus		66.15	1010	516114 N/A	Mobile Device Cha	narge

Sub-Total \$ 114.39

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
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St	SEXUSE Clayof Council Member Monthly Expense Claim Form			Select From List Do not enter in "Grey" cells					
Name:	Councillor Killick	Date Submitted	05/07/22		Month	June	Year	2022	
	ectly by the City (eg. Petty Cash)	Other Transportation 8 Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	
ate (DD/MM/YY)									
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								-	
								_	
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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.						Sub-Total		\$ -	
					otal Expe				\$ \$

Directly

Net to be paid to: Councillor Killick

\$ 129.54

6. Expense claims must be submitted within 10 days of the following month

7. Incomplete expense claims will not be processed

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)





2022

Name: Councillor Killick

Date Submitted 05/07/22 Month June Year

Authorizations & Approvals		Councillor Killick	June	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 tir Preparer's Signature	ne of submission. 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 was completed by another individual. All applicable receipts have been attached.	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	e claim even if the form		
MCKillick mike Milick Julia, 2022 10:08 MDT1				
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Danielle Parsons (Jul 6, 2022 13.39 MDT) Danielle Parsons (Jul 6, 2022 13.39 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 provide	d are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Syrame Findlay (Jul 6, 2022 15:11 MOT)				
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 provide	d are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MMYY)			

\stalbert.localiPublicIMayor's Office\Expenses - F00\2022\6 - June\Killick\Cllr Killick Council Expense Claim Form - MASTER Revised November 2021.xlsm]Claim Form