

Select From List Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 10/08/22 Month July Year 2022

General Council I	Related Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	km's-	Amount @	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	CAT Cost Ctr Proje	2 ect CAT4	
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Professional Dev	elopment	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,			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	ı	ACCT Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted	10/08/22	Month	July	Year	2022	

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	Way		ge Claim (or In-Region,	One Way	Claim-	Amount @	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	4	ACCT	CAT Cost Ctr Proje	
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Sub-Total \$ -

Office of the May	or (Official Events & Duties)	In-Region Mileage (Daim based on Chart			ge Claim (or In-Region. mileage)	One Way	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		GL Codi	ng	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_	1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT	3 CAT4	
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Select From List Do not enter in "Grey" cells

Name: Councillo

Councillor Biermanski

Date Submitted

Month

10/08/22

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	
11/07/22	Mobile Device - Telus		55.00	640	04 1010	516113	N/A	Mobile De	vice Charge
19/07/22	Home Internet - Telus		70.00		1010	516113	N/A	Mobile De	vice Charge

Sub-Total

\$ 125.00

BMO MasterCard		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
19/07/22	UDI Golf Tournament					250.07		250.07
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Sub-Total

\$ 250.07





Councillor Biermanski 10/08/22 Name: Date Submitted

Expenses Paid Dir	rectly 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	\$	375.07
Less: BMO MasterCard	-\$	250.07
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Biermanski	\$	125.00

Sub-Total



Select From List Do not enter in "Grey" cells

2022

10/08/22

Date Submitted

Name: Councillor Biermanski

July 2022 Authorizations & Approvals Councillor Biermanski Preparer If claim form was prepared by an individual other than the Council Member, sign and date below
This, expense (⊈aim), form was prepared in accordance with all information provided by the Council Member at the time of submission. Date (DD/MM/YY) Council Member l certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. 1 understand that submitting a fraudulent claim is a very serious matter. 1 understand that 1 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 Council Member's Signature Date (DD/MM/YY) Accounts Payable 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 nne Victoor (Aug 11, 2022 11:48 MDT) Chief Financial Officer Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager) 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 Date (DD/MM/YY) City Manager Signature

P:\Mayor's Office\Expenses - F00\2022\7 - July\Biermansk\[Cllr Biermanski Council Expense Claim Form - July 2022.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted

Month A

08/09/22

Year

2022

General Council F	Related Business	In-Region Mileage Cla		One Way /Return	Mileage Claim km's (From Chart)		e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *		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	CAT 2 Project CAT4
04/08/22	UDI Golf Tournament					St. Albert	The Quarry Golf Course	Return	50.40	25.45							25.45	6140	1010	516113
	Jessica Martel Memorial Golf Tournament					St. Albert	Cardiff Golf & Country Club	Return	38.00	19.19							19.19	6140	1010	516113
25/08/22	Sturgeon Community Hospital Foundation Golf Tournament					St. Albert	Glendale Golf & Country Club	Return	15.20	7.68							7.68	6140	1010	516113
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Sub-Total \$ 52.32

Professional Dev	plopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	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		CAT 2 ACCT Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 08/09/22 Month August Year 2022

AUMA or FCM C	onvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Codin	
Date (DD/MM/YY) Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT Cost Ctr Proj	
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Sub-Total \$ -

Office of the May	Office of the Mayor (Official Events & Duties)		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 Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT Cost	t Ctr CAT3 CAT4	
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Select From List Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 08/09/22 Month August Year 2022

Operating Suppli	ies/Telephone/Internet/Sponsorships	Total		GL Coding			
Date (DD/MM/YY)	Detailed Description			ACCT Cost	CAT 2 ctr Project CAT	Expens 7 Type	e
11/08/2	2 Mobile Device - Telus		55.00	6404 1010	516113 N	//A Mobile [Device Charge
19/08/22	2 Home Internet - Telus		70.00	1010	516113 N	/A Mobile [Device Charge

Sub-Total \$ 125.00

BMO MasterCard E	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
10/08/22	JMMF Golf Tournament					170.75		170.75
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Sub-Total \$ 170.75



Select From List Do not enter in

	Name:	Councillor Biermanski	Date Submitted	08/09/22		August	Year	2022	
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Expenses Paid Dir	Other Transportation & Parking *	Accommodations *	Airfare*		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	\$	348.07
Less: BMO MasterCard	-\$	170.75
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Biermanski	\$	177.32

Sub-Total



Date Submitted

08/09/22

Select From List Do not enter in "Grey" cells

Name: Councillor Biermanski

2022 Authorizations & Approvals Councillor Biermanski August Preparer If claim form was prepared by an individual other than the Council Member, sign and date below
This/expense ⊈am form was prepared in accordance with all information provided by the Council Member at the time of submission. Date (DD/MM/YY) Council Member l 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 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 nave, 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 Victoor (Sep 9, 2022 11:05 MDT) Chief Financial Officer Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager) 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 Date (DD/MM/YY) City Manager Signature

P:\Mayor's Office\Expenses - F00\2022\8 - August\Biermanski\(Clir Biermanski Council Expense Claim Form - MASTER Revised November 2021.xlsm)Claim Form



Select From List Do not enter in "Grey" cells

Name:

Councillor Biermanski

Date Submitted

Month

05/10/22

September Year

2022

General Council F	ral Council Related Business In-Region Mileage Claim based of			Wav	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*		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	122	5 1226	1221	1222	2 1222		ACCT	Cost Ctr	CAT 2 Project CA	AT4
22/09/22	UDI Luncheon	St. Albert	Edmonton-South	Return	72.00					36.36							36.36	6140	1010	516113	
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Sub-Total \$ 36.36

Professional Development		In-Region Mileage (Claim based on Chart	One Way /Return	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	1 1222	1226	1227	1225	1224	ı	CAT 2 ACCT Cost Ctr Project CAT4
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Sub Total	•	



Select From List Do not enter in "Grey" cells

Name:

Councillor Biermanski

Date Submitted

Month

05/10/22

September Year

2022

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)		ne Claim (or In-Region.	One Way	Claim-	Amount @	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_		122	1 1221	1222	1226	1227	1225	1224	ACCT	CAT 2 Cost Ctr Project CAT4	
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C		One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket Ge * Exp	eneral	Total		GL Codi	ng
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	122	1 1222	1222		ACCT	Cost Ctr CATS	3 CAT4
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Select From List Do not enter in "Grey" cells

Name:	
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Councillor Biermanski

Date Submitted

Month

05/10/22

September 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		SL Coding	
Date (DD/MM/YY)	Detailed Description			ACCT Cost C	CAT 2 r Project CAT7	Expense Type
11/09/22	2 Mobile Device - Telus		55.00	6404 1010	516113 N/A	Mobile Device Cha
19/09/22	2 Home Internet - Telus		70.00	1010	516113 N/A	Mobile Device Cha

Sub-Total

\$ 125.00

BMO MasterCard E	BMO MasterCard Expenses CT		Accommodations *	Airfare*	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)							
14/09/22	UDI Luncheon Ticket				67.16		67.16
26/09/22	State of the City Ticket				51.25		51.25
26/09/22	Business@Lunch - Kick off to Business Excellence Week				40.00		40.00
26/09/22	Business@Breakfast - Business Excellence Week				31.50		31.50
26/09/22	Business Excellence Week - Rotary Breakfast				20.00		20.00
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Sub-Total

\$ 209.91

St	Council Member Monthly E.	κpense Claim F	Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Biermanski	Date Submitted	05/10/22		Month	September	Year	20	022
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)									
					<u> </u>	<u> </u>			
Claim Reminders:						Sub-Total		\$ -	

- 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	\$	371.27
Less: BMO MasterCard	-\$	209.91
Directly	\$	-
Net to be paid to: Councillor Biermanski	\$	161.36





2022

Name:

Councillor Biermanski

Date Submitted 05/10/22 Month September Y

Councillor Biermanski 2022 Authorizations & Approvals September 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. Date (DD/MM/YY) 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 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 am Viele Chief Financial Officer Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager) ave 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 ANCH Date (DD/MM/YY) City Manager Signature

P:\Mayor's Office\Expenses - F00\2022\9 - September\Biermanski\[Cllr Biermanski Council Expense Claim Form - September 2022.xlsm]Claim Form