





Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 10/08/22 Month July 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	CAT 2 Project	CAT4
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										-							-				
										-							-				

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
										-							-				
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										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 10/08/22 Month July Year 2022

Operating Supplies/Telephone/Internet/Sponsorships			GL Coding			
		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	ACCT	Cost Ctr	Expense Type
Date (DD/MM/YY)	Detailed Description					
11/07/22	Mobile Device - Telus		55.00	6404	1010	Mobile Device Charge
19/07/22	Home Internet - Telus		70.00		1010	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)								
19/07/22	UDI Golf Tournament					250.07		250.07
								-
								-
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								-
								-
								-

Sub-Total \$ 250.07



# Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 10/08/22 Month July 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)								
								-
								-
								-
								-
								-
								-
								-

- Claim Reminders:
- \*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  - 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.
  - 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)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Sub-Total \$ -

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



# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

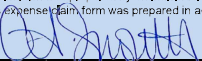
Name:  Date Submitted:  Month:  Year:

## Authorizations & Approvals

Councillor Biermanski July 2022

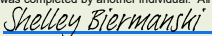
### Preparer

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.

  
Shelley Biermanski  
Shelley Biermanski (Aug 10, 2022 18:10 MDT)  
Council Member's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_


### Accounts Payable

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

  
Danielle Parsons  
Danielle Parsons (Aug 11, 2022 09:16 MDT)  
Accounts Payable Personnel Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

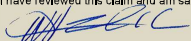
### Chief Financial Officer

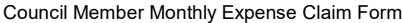
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

  
Anne Victoor  
Anne Victoor (Aug 11, 2022 11:48 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

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



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 08/09/22 Month August Year 2022

[illegible]

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 Biermanski

Date Submitted 08/09/22 Month August 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	CAT 2 Project	CAT4
										-							-				
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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
										-							-				
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Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 08/09/22 Month August Year 2022

Operating Supplies/Telephone/Internet/Sponsorships				GL Coding				
		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	
Date (DD/MM/YY)	Detailed Description							
11/08/22	Mobile Device - Telus		55.00	6404	1010	516113 N/A	Mobile Device Charge	
19/08/22	Home Internet - Telus		70.00		1010	516113 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)								
10/08/22	JMMF Golf Tournament					170.75		170.75
								-
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Sub-Total \$ 170.75





# Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 08/09/22 Month August 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)								
								-
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								-
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Sub-Total \$ -

- Claim Reminders:
- \*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  - 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.
  - 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)
  - Expense claims must be submitted within 10 days of the following month
  - 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	<u>\$ 177.32</u>



# Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 08/09/22

Month: August

Year: 2022

Authorizations & Approvals

Councillor Biermanski

August

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)

**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.

*Shelley Biermanski*

Shelley Biermanski (Sep 9, 2022 00:37 MDT)

Council Member's Signature

Date (DD/MM/YY)

**Accounts Payable**

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

*Danielle Parsons*

Danielle Parsons (Sep 9, 2022 11:01 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

*[Signature]*

Anne Victoor (Sep 9, 2022 11:05 MDT)

Chief Financial Officer Signature

Date (DD/MM/YY)

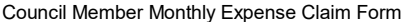
**Chief Administrative Officer (City Manager)**

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

*[Signature]*

City Manager Signature

Date (DD/MM/YY)



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 05/10/22 Month September Year 2022

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
22/09/22	UDI Luncheon	St. Albert	Edmonton-South	Return	72.00					36.36							36.36	6140	1010	516113
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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 Biernanski

Date Submitted 05/10/22 Month September 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	CAT 2 Project CAT4
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										-							-			
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										-							-			

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
										-							-			
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										-							-			

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 05/10/22

Month: September

Year: 2022

Operating Supplies/Telephone/Internet/Sponsorships			GL Coding			
Date (DD/MM/YY)	Detailed Description	Total	ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
11/09/22	Mobile Device - Telus	55.00	6404	1010	516113	N/A Mobile Device Charge
19/09/22	Home Internet - Telus	70.00		1010	516113	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)												
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
												-
												-
												-
												-

Sub-Total \$ 209.91



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biernanski

Date Submitted05/10/22

MonthSeptember

Year2022

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)								
								-
								-
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								-

- Claim Reminders:
- \*\* See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses\*\***
- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
  - Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
  - A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
  - 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.
  - 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)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Sub-Total\$ -

Grand Total Expenses	\$	371.27
Less: BMO MasterCard Directly	-\$	209.91
Net to be paid to: Councillor Biernanski	\$	161.36



## Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 05/10/22

Month September Year

2022

### Authorizations & Approvals

Councillor Biermanski

September

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)