

Select From List Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 11/08/22

Month July Yea

2022

General Council F	Related Business	In-Region Mileage Cla		Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		G	L Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		122		1225	1226	1221	1222	1222		ACCT		CAT 2 Project C	AT4
26/07/22	Surrey Meetings									_		294.64		23.10			317.74	6140	1010	516114	
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Sub-Total \$ 317.74

Professional Dev	·	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region, mileage)	One Way		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		ACCT	CAT 2 Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Killick

uncillor Killick

Date Submitted 11/08/22 Month July Year 2022

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl		One Way /Return	Mileage Claim (From Chart)		ge 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	1	ACCT	CA' Cost Ctr Proj	T 2 ect CAT4	
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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

Councillor Killick

Date Submitted

11/08/22 Month

uly Yea

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 Cost	CAT 2 Ctr Project CAT7	Expense Type	
	Mobile Device - Telus		43.00	6404 1010			ce Charge
19/07/22	Home Internet - Telus		66.15	1010	516114 N/	Mobile Device	ce Charge

Sub-Total

\$ 109.15

BMO MasterCard I	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	Date Sul	11/08/22		Month	July	Year	2022	

Expenses Paid Dir	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	\$ 426.89
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Killick	\$ 426.89

Sub-Total



Date Submitted

11/08/22

Select From List Do not enter in "Grey" cells

2022

Name: Councillor Killick

Councillor Killick July 2022 Authorizations & Approvals Preparer If claim form was prepared by an individual other than the Council Member, sign and date below
This expense staim 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. 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 Stanley Chan (Aug 12, 2022 14:31 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\Killick\Cllr Killick Council Expense Claim Form - MASTER Revised November 2021.xlsm]Claim Form



Select From List Do not enter in "Grey" cells

Name: Cou

Councillor Killick

Date Submitted 16/09/22 Month

2022

General Council F	Related Business	In-Region Mileage C	laim based on Chart	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*		Registration /Event Ticket	General Expenses *	Total		GL Coding CAT	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То					CAT7_		1220			5 1226	1221	1222	1222	2	ACCT	CAT: Cost Ctr Proje	2 ct CAT4
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Sub-Total \$

Professional Deve	elopment	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage	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 Gene * Expe	eral enses * Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	AC	CAT 2 CCT Cost Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

Date Submitted

Month

16/09/22

Year

2022

AUMA or FCM Co	onvention or Board Expenses	In-Region Mileage Cl	laim based on Chart	One Way /Return	Mileage Claim (From Chart)		ge Claim (or In-Region.			Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses * Total	I		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	4
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Sub-Total \$ -

Office of the May	or (Official Events & Duties)	In-Region Mileage C		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag		One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket 6	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220) 1225	1226	5 122	1 1222	1222	!	ACCT Cos	st Ctr CAT3 CAT	T4
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Select From List Do not enter in "Grey" cells

Date Submitted

Month

16/09/22

ugust 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 CAT7	Expense Type
	2 Home Internet (Telus)		66.15			Mobile Device Cha
13/08/2	2 Mobile Device (Telus Mobility)		55.00	1010	516114 N/A	Mobile Device Cha

Sub-Total

\$ 121.15

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

\$ -

SEXUBERT Calibrate Life	Council Member Monthly Expe	nse Claim F	Form				Select From List Do not enter in "Grey" cells		
Name: Councillor Killick		Date Submitted	16/09/22	2	Month	August	Year	2022	
Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	t General Expenses *	Total	
Date (DD/MM/YY)			T	Г	Τ	\top			i
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Claim Reminders: ** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable 1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.	o expenses**	•	•		•	Sub-Total		\$ -	I
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				Grand T		penses sterCard			\$ 12 \$

Directly

Net to be paid to: Councillor Killick

\$ 121.15

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.

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

7. Incomplete expense claims will not be processed

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)





Name: Councillor Killick

Date Submitted 16/09/22 Month August Year 2022

Authorizations & Approvals		Councillor Killick	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 tir	ne of submission.			
Preparèrs Signature	Date (DD/MM/YY)			
	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. All All				
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Danielle Parsons (Sep 19, 2022 09:28 MDT) Danielle Parsons (Sep 19, 2022 09:28 MDT)				
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 provide	d 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 provide	d are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MMYY)			

P:\Mayor's Office\Expenses - F00\2022\8 - August\Killick\[Cllr Killick Council Expense Claim Form - MASTER Revised November 2021.xlsm]Claim Form



Select From List
Do not enter in "Grey" cells

Name:

Councillor Killick

Date Submitted

Month

05/10/22

ber Year

2022

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				0	Mileage Claim km's				Mileage Claim		011										
General Council R	elated Business			One	Claim km's	0.1.40	01-1 (I- D1		Claim	Mileage	Other				Registration /Event Ticket						
		In-Region Mileage Cla		Way	(From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	km's-	Amount @	Transportation	Accommodations *			/Event licket	General Expenses *	T		01	S	
		in-Region Mileage Cia	aim based on Chart	/Return	Cnart)	specific	mileage)	/Return	Specific	U.5U5/KM	& Parking -	Accommodations *	Airrare-	Meals -		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 CAT	4
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22/09/22	UDI Luncheon	St. Albert	Edmonton-South	Return	72.00					36.36							36.36	6140	1010	516114	
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Sub-Total \$ 36.36

Professional D	evelopment	In-Region Mileage C		One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region.			Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL	Coding CAT 2	
Date (DD/MM/Y	Nature of Event/Meeting	From	То		·	From		CAT7_	1221		1222	1226	1227			·	ACCT	Cost Ctr	CAT 2 Project CAT4	
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Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

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

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"Grey" cells

Name:	Cou
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Councillor Killick

Date Submitted 05/10/22

Month 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	G	GL Coding		
Date (DD/MM/YY)	Detailed Description			ACCT Cost Ct	CAT 2 r Project CAT7	Expense Type	
	Mobile Device - Telus		55.00		516114 N/A		e Charge
19/09/22	Home Internet - Telus		66.15	1010	516114 N/A	Mobile Device	e Charge
10/09/22	Office supplies - printer paper		13.64	6502 1010	516114 N/A	Office/Operati	ting Supp
20/07/22	Office supplies - printer ink		59.99	6502 1010	516114 N/A	Office/Operati	iting Supp

Sub-Total

\$ 194.78

BMO MasterCard E	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
22/09/22	September UDI Luncheon Ticket					67.16		67.16
22/09/22	November UDI Luncheon Ticket					67.16		67.16
26/09/22	State of the City Ticket					51.25		51.25
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Sub-Total

\$ 185.57

ST Caltiva	Council Member Monthly leading	Expense Claim I	Form				Select From List Do not enter in "Grey" cells		
Name: Counc	sillor Killick	Date Submitted	05/10/22		Month	September	Year	2022	
Expenses Paid Directly by t	the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	otal	
ate (DD/MM/YY)						•			
								_	
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im Reminders: See Council Policy C-CC	-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses** provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.		1			Sub-Total		\$	
	med without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.				Total Exp				\$
3. A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location			Less: E	BMO Mas	sterCard		-4	-\$	

Directly

Net to be paid to: Councillor Killick

\$ 231.14

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.

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

7. Incomplete expense claims will not be processed

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

05/10/22

Month

Date Submitted

Name: Councillor Killick

Councillor Killick 2022 Authorizations & Approvals September Totain form was prepared by an individual other than the Council Member, sign and date below
This ≰xpense \dim\form was prepared in accordance with all information provided by the Council Member at the time of submission. Date (DD/MM/YY) Council Member 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. Milliok Council Member's Signature Date (DD/MM/YY) Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Danielle Parsons Date (DD/MM/YY) Accounts Payable Personnel Signature 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 swampe finalgu 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 With Date (DD/MM/YY) City Manager Signature

P:\Mayor's Office\Expenses - F00\2022\9 - September\Killick\[Cllr Killick Council Expense Claim Form - MASTER Revised November 2021.xlsm]Claim Form