



	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 10/11/22 Month October 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
26/10/22	CUTA Fall Conference					St. Albert	EIA	Return	102,00	51,51	169,47	1,600,55		112,15			1,933,68	6140	1010	516104	
28/10/22	Roseridge Facility Tour	St. Albert	Sturgeon (County)	Return	40,00					20,20							20,20	6140	1010	516104	
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
Sub-Total																	\$ 1,953,88				

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 @ 0.50\$/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
Date (DD/MM/YYYY)	Nature of Event/Meeting	From	To			From	To	CAT7										ACCT	Cost Ctr	CAT 2 Project CAT4	
										-											
										-											
										-											
										-											
										-											
										-											
										-											
										-											
Sub-Total																	\$	-			



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted Month Year

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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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:	Councillor Brodhead	Date Submitted	10/11/22	Month	October	Year	2022
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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					
18/10/22	Home Internet - Shaw		70,00			
25/10/22	Mobile Device - Bell		55,00	6404 1010	516104	N/A Mobile Device Charge
					1010	516104 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)								
27/10/22	LoSeCa Gala Ticket - DM					110,00		110,00
25/10/22	UDI Spirit Awards - DM					611,00		611,00
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 721,00



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted10/11/22

MonthOctober

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)								
								-
								-
								-
								-
								-
								-
								-

- 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

Sub-Total \$ -

Grand Total Expenses	\$ 2,799.88
Less: BMO MasterCard	-\$ 721.00
Less: Expenses Paid	\$ -
Net to be paid to Councillor Brodhead	\$ 2,078.88



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

Authorizations & Approvals


Councillor Brodhead

October

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) _____

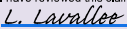
Council Member

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.


Wes Brodhead (Nov 10, 2022 19:12 MST)
Council Member's Signature _____ Date (DD/MM/YY) _____


Accounts Payable

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


L. Lavallee (Nov 14, 2022 09:38 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 (Nov 14, 2022 15:37 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


William Fletcher (Nov 14, 2022 16:06 MST)
City Manager Signature _____ Date (DD/MM/YY) _____



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead Date Submitted: 06/12/22 Month: November 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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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
04/11/22	LoSeCa Foundation Gala - DM	St. Albert	Edmonton-North	Return	24.00					12.12							12.12	6140	1030	N/A	1123
05/11/22	UDI Spirit Awards - DM	St. Albert	Edmonton-Downtown	Return	30.00					15.15	16.00						31.15	6140	1030	N/A	1123
										-							-				
										-							-				
										-							-				

Sub-Total \$ 43.27



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				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						
18/11/22	Home Internet - Shaw		70.00	6404	1010	516104 N/A	Mobile Device Charge
25/11/22	Mobile Device - Bell Mobility		55.00		1010	516104 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)								
09/11/22	Sturgeon Community Hospital Foundation Gala Registration - Prepay Jan 2023					600.00		600.00
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 600.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 06/12/22 Month November 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	\$ 768.27
Less: BMO MasterCard	-\$ 600.00
Less: Expenses Paid	\$ -
Net to be paid to Councillor Brodhead	\$ 168.27



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted: Month: Year:

Authorizations & Approvals

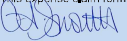
Councillor Brodhead

November

2022

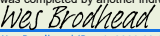
Preparer

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) _____

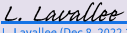
Council Member

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.


Wes Brodhead
[Wes Brodhead \(Dec 8, 2022 12:39 MST\)](#)
Council Member's Signature _____ Date (DD/MM/YY) _____


Accounts Payable

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


L. Lavallee
[L. Lavallee \(Dec 8, 2022 12:53 MST\)](#)
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 \(Dec 8, 2022 13:12 MST\)](#)
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


William Fletcher
[William Fletcher \(Dec 8, 2022 13:18 MST\)](#)
City Manager Signature _____ Date (DD/MM/YY) _____



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 06/01/23 Month December 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
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				
										-							-				

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
08/12/22	3rd Canadian Division Holiday Reception	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1030	N/A	1123
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ 15.15



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			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						
18/12/22	Home Internet - Shaw		70.00	6404	1010	516104 N/A	Mobile Device Charge
25/12/22	Mobile Device - Bell		55.00		1010	516104 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)								
								-
								-
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted Month Year

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	\$ 155.30
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Brodhead	<u>\$ 155.30</u>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 06/01/23

Month December Year 2022

Authorizations & Approvals Councillor Brodhead December 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.

Wes Brodhead

Wes Brodhead (Jan 6, 2023 13:35 MST)

Council Member's Signature Date (DD/MM/YY)

Accounts Payable

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

L. Lavallee

L. Lavallee (Jan 6, 2023 13:51 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

Suzanne Findlay

Suzanne Findlay (Jan 6, 2023 14:11 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

William Fletcher

William Fletcher (Jan 6, 2023 14:56 MST)

City Manager Signature Date (DD/MM/YY)