



Council Member Monthly Expense Claim Form

| |
|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 10/11/22 Month October 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 |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |

Sub-Total \$ -



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 | | | | | | | | |
|--|-------------------------------|---|-------|-----------|----------|--------------------|--------------|-----------------------|
| | | 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 CAT7 | Expense Type | |
| 13/10/22 | Mobile Device - Virgin Mobile | | 51,40 | 6404 | 1010 | 516106 | N/A | Mobile Device Charge |
| 03/10/22 | Home Internet - Shaw | | 70,00 | | 1010 | 516106 | N/A | Mobile Device Charge |
| 20/10/22 | Office Supplies - Costco | | 20,99 | 6502 | 1010 | 516106 | N/A | Office/Operating Supp |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Sub-Total \$ 142.39

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|---------------------------------|----------------------------------|------------------|----------|---------|------------------------------|--------------------|-------|
| Date (DD/MM/YY) | | | | | | | | |
| 13/10/22 | Housing Society Luncheon Ticket | | | | | 51.29 | | 51.29 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 51.29



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 10/11/22 Month October 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) | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ -

- 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 | \$ | 193.88 |
| Less: BMO MasterCard | -\$ | 51.29 |
| Less: Expenses Paid | \$ | - |
| Net to be paid to Councillor Hughes | \$ | 142.39 |



Council Member Monthly Expense Claim Form

| |
|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

Name:

Date Submitted

Month Year

Authorizations & Approvals


Councillor Hughes

October

2022

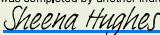
Preparer

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.


Sheena Hughes (Nov 11, 2022 02:03 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 09:39 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 15:56 MST)
City Manager Signature _____ Date (DD/MM/YY) _____



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:

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 | CAT 2 Cost Ctr Project CAT7 | Expense Type |
| Date (DD/MM/YY) | Detailed Description | | | | | |
| 03/12/22 | Home Internet - Shaw | | 70.00 | | | |
| 13/12/22 | Mobile Device - Virgin Mobile | | 55.00 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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) | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total

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 | \$ 125.00 |
| Less: BMO MasterCard | \$ - |
| Less: Expenses Paid | \$ - |
| Net to be paid to Councillor Hughes | <u>\$ 125.00</u> |



Council Member Monthly Expense Claim Form

| |
|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

Name:

Date Submitted

Month Year

Authorizations & Approvals

Councillor Hughes

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.


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.


Sheena Hughes (Jan 4, 2023 10:32 MST)
Council Member's Signature _____ Date (DD/MM/YY) _____


Accounts Payable

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


L. Lavallee (Jan 4, 2023 08:14 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 Victoor (Jan 4, 2023 10:38 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 (Jan 4, 2023 10:44 MST)
City Manager Signature _____ Date (DD/MM/YY) _____

1 of 5



Council Member Monthly Expense Claim Form

| |
|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

| | | | | | | | |
|-------|-------------------|----------------|----------|-------|----------|------|------|
| Name: | Councillor Hughes | 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 |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |
| | | | | | | | | | | - | | | | | | | - | | | | |

Sub-Total \$ -



Council Member Monthly Expense Claim Form

| |
|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 06/12/22 Month November Year 2022

| Operating Supplies/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 | CAT7 | Expense Type |
| 13/11/22 | Mobile Device - Virgin Mobile | | 51.40 | 6404 | 1010 | 516106 | N/A | Mobile Device |
| 03/11/22 | Home Internet - Shaw | | 70.00 | | 1010 | 516106 | N/A | Mobile Device |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Sub-Total \$ 121.40

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|-------------------------|--|----------------------------------|------------------|----------|---------|------------------------------|--------------------|--------|
| Date (DD/MM/YY) | | | | | | | | |
| 10/11/22 | Jessica Martel Memorial Foundation Jessie's House Donation | | | | | | 250.00 | 250.00 |
| 10/11/22 | St. Albert Housing Society Donation | | | | | | 250.00 | 250.00 |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |

Sub-Total \$ 500.00



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted06/12/22

MonthNovember

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****
- 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 | \$ | 621.40 |
| Less: BMO MasterCard | -\$ | 500.00 |
| Less: Expenses Paid | \$ | - |
| Net to be paid to Councillor Hughes | \$ | 121.40 |



Council Member Monthly Expense Claim Form

| |
|------------------------------|
| Select From List |
| Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 06/12/22

Month November Year 2022

Authorizations & Approvals

Councillor Hughes

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.

Sheena Hughes (Dec 5, 2022 13:45 MST)

Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

Lynda Lavellee (Dec 5, 2022 13:49 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

Anna Victor (Dec 6, 2022 14:46 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 (Dec 6, 2022 16:55 MST)

City Manager Signature

Date (DD/MM/YY)