

Select From List

Do not enter in
"Grey" cells

lame:	Councillor Brodhead

Date Submitted 07-02-23 Month

Year 203

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	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	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	2 1222	2	ACCT	Cost Ctr	CAT 2 Project CA	AT4
30-01-23	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					20.20							20.20	6140	1010	516104	
31-01-23	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					20.20							20.20	6140	1010	516104	
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															Sub Total		\$ 40.40				

Sub-Total \$ 40.40

Professional Deve	elopment	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileac	ge Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		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 Brodhead

Date Submitted 07-02-23 Month January Year 2023

A	JMA or FCM Cor	vention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
D	ate (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		122	1 122	1 1222	1226	1227	1225	1224	1	ACCT	CAT Cost Ctr Proje	
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Sub-Total \$ -

Office of the Ma	yor (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Coding	1
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	2	ACCT	Cost Ctr CAT3	CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 07-02-23 Month January Year 2023

Operating Suppli	upplies/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		GI	Coding		
Date (DD/MM/YY)	/YY) Detailed Description		ACCT	Cost Ctr	CAT 2 Project CA		ense e
18-01-23	11-23 Home Internet - Shaw	70.00		6404 1010	516104	I/A Mot	oile Device Charge
25-01-23	11-23 Mobile Device - Bell Mobility	55.00		1010	516104	I/A Mot	oile Device Charge

Sub-Total \$ 125.00

BMO MasterCard	xpenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
06-01-23	CUTA Ticket					114.98		114.98
16-01-23	FCM Flight			525.96				525.96
								-

Sub-Total \$ 640.94

-	Council Momb	er Monthly Expense Clair	m Form									
St	Lice City of Council Member Council	er Monthly Expense Clair	II FOIIII				Select From List Do not enter in "Grey" cells					
Name:	Councillor Brodhead	Date Subm	tted 07-02-2	3	Month	January	Year	202	3			
Expenses Paid D	irectly by the City (eg. Petty Cash)	Other Transporta & Parking *		Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total				
Date (DD/MM/YY)												
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Claim Reminders:	bilicy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses** s must be provided for all expenses. Credit Card slins are NOT an acceptable form of receipt			•	•	Sub-Total		\$ -	_			
1. Dotalioa roccipi	that to provide to an expense. Great care to real acceptance to the coope.											
	hay be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.				Total Exp				\$	806.34		
	age chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location ses, 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 liste	d on the back of the receipt			BMO Mas				-\$ \$	640.94		

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

7. Incomplete expense claims will not be processed

Net to be paid to Councillor Brodhead



Name:

Councillor Brodhead

Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

07-02-23

Authorizations & Approvals		Councillor Brodhead	January	2023
Preparer If claim form was prepared by an individual other than the Council Member, sign and date below This experse claim form was prepared in accordance with all information provided by the Council Member at the Preparer's Signature	time of submission. 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 was completed by another individual. All applicable receipts have been attached. Wes Brodhead (Feb 7, 2023 17:53 MST) Wes Brodhead (Feb 7, 2023 17:53 MST)	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		
Council Member's Signature	Date (DD/MM/YY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. L. Lavallece L. Lavallece (Company 1998) 1 (2018)				
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 proved the control of the control	ided 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 proving the state of the sta	ided 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

lame: Councillor Brodhead		
	e: l	uncillor Brodhead

Date Submitted 10-03-23 Month February Year

					INGIAAAA				INGIA									
0	No. of Books				Mileage Claim km's				Mileage Claim	Mileage	Other				Registration /Event Ticket			
General Council F	Related Business			One Way	(From	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	km's-	Amount @	Transportation				/Event Ticket	General		
		In-Region Mileage Cl	aim based on Chart	/Return	Chart)	specific	ge Claim (or In-Region, mileage)	/Return	Specific	0.505/km	& Parking *	Accommodations *	Airfare*	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	2	ACCT Cost Ctr Project CAT4
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Professional Dev	velopment	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		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		ACCT	CAT 2 Cost Ctr Project CAT4
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uh-Total \$ -



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 10-03-23 Month February Year 2023

AUMA or FCM Co	onvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	Mileage / Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific		Other Transportation & Parking *	Accommodations *	Airfare*		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 Proje	Γ2 ect CAT4	
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Sub-Total \$ -

Office of the May	yor (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milea specific	ge Claim (or In-Region,	One Way	Claim-	Amount @	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 Ctr CAT3 CAT4	4
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Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 10-03-23 Month February Year 2023

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	CAT 2 Ctr Project CA	Expen Type	se
18-02-23	Home Internet - Shaw		70.00	6404 1010	516104 I	N/A Mobile	Device Charge
25-02-23	Mobile Device - Bell		55.00	1010	516104 I	√A Mobile	Device Charge

Sub-Total \$ 125.00

BMO MasterCard		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
01-02-23	Alberta Municipalities Spring MLC					131.25		131.25
08-02-23	Taste of Africa Registration					13.70		13.70
21-02-23	FCM Conference Registration					1,140.17		1,140.17
23-02-23	FCM Accommodations Deposit		374.89					374.89
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Sub-Total \$ 1,660.01

CF	Mineral Council Member Monthly I	Expense Claim F	orm					1	
06	Colleges Life						Select From List		
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Name:	Councillor Brodhead	Date Submitted	10-03-23		Month	February	Year	20	23
Expenses Paid Di	ectly by the City (eg. Petty Cash)	Other Transportation				Registration /Event Ticket	General		
		& Parking *	Accommodations *	Airfare*	Meals *	*	Expenses *	Total	
Date (DD/MM/YY)									
			1						
						Sub-Total		\$ -	
Claim Reminders: ** See Council Po	icy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**								
	must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.								
	ay be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.			Grand T		penses sterCard			\$ 1,785.01 -\$ 1,660.01
	ge chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location es, 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	he receipt.		Less: E					-\$ 1,000.01 \$ -

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

Net to be paid to Councillor Brodhead



Name:

Councillor Brodhead

Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

Date Submitt

10-03-23

nth February

2023

Authorizations & Approvals		Councillor Brodhead	February	2023
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	e 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 Cit was completed by apother individual. All applicable receipts have been attached. WEST STUMMENT Wes Brodhead (Mar 11, 2023 09:13 PST)	y 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 o	f the claim even if the form		
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/MMYY)			
Director - Financial & Strategic Services				
have reviewed this claim and am satisfied that the expenses listed and the information and documentation pro	are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Mar 13, 2023 09:59 MDT)				
Director - Financial & Strategic Services Signature	Date (DD/MMYY)			
			I	
Chief Administrative Officer (City Manager) I have reviewed this claim and am satisfied that the expenses listed and the information and documentation pro	vided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
William Fletcher (Mar 13, 2023 10:44 MDT) City Manager Signature	Date (DD/MM/YY)			
			I	

P:\Mayor's Office\Expenses - F00\2023\2 - February\Brodhead\(Clir Brodhead Council Expense Claim Form - MASTER Revised February 2023.xlsm)Claim Form



Select From List Do not enter in "Grey" cells

2023

Name: Councillor Brodhead

Date Submitted 13/04/23 Month March Year

General Council F	Related Business	In-Region Mileage Cl		Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL Codin CAT	g
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr Proje	Γ2 ect CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted

Month N

13/04/23

2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl		One Way /Return	Mileage Claim (From Chart)		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 *	General Expenses *	Total		GL Cod	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	1	ACCT	Cost Ctr Pro	AT 2 pject CAT4
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Sub-Total \$

Office of the May	or (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	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	То			From	То	CAT7_		1220	1220	1225	1226	1221	1 1222	1222	!	ACCT	Cost Ctr CAT3	CAT4
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Select From List Do not enter in "Grey" cells

Name: Co

Councillor Brodhead

Date Submitted

Month

13/04/23

2023

Operating Supplie	s/Telephone/Internet/Sponsorships	bile 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
18/03/23	Home Internet - Shaw		70.00	6	6404 1010	516104	N/A	Mobile Device Cha
25/03/23	Mobile Device - Bell Mobility		55.00		1010	516104	N/A	Mobile Device Cha

Sub-Total

\$ 125.00

BMO MasterCard		Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total	
Date (DD/MM/YY)	Date (DD/MM/YY)								
31/03/23	EMRB Golf Tournament Registration					204.75		204.75	
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Sub-Total

\$ 204.75





Councillor Brodhead 13/04/23 Name: Date Submitted

Expenses Paid Dir	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	\$	329.75
Less: BMO MasterCard	-\$	204.75
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Brodhead	\$	125.00

Sub-Total





Name: Councillor Brodhead

Date Submitted 13/04/23

Month March Yea

2023

Authorizations & Approvals	Councillor B	rodhead	March	2023	
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 Preparer's Signature	time of submission. Date (DD/MMYYY)				
Council Member					
	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	ne form			
Council Member's Signature	Date (DD/MMYY)				
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Lynda Lavallee Lynda Lavallee (Apr 13, 2023 12:43 MDT)					
Accounts Payable Personnel Signature	Date (DD/MM/YY)				
Director - Financial & Strategic Services 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 (Apr 13 - 2023 13:00 MDT) Anne Victor (Apr 13 - 2023 13:00 MDT)					
Director - Financial & Strategic Services Signature	Date (DD/MMYY)				
Chief Administrative Officer (City Manager) I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement				
City Manager Signature	Date (DD/MM/YY)				