



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 03/02/23 Month: January Year: 2023

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			
30/01/23	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					20.20							20.20	6140	1010	516114			
31/01/23	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					20.20							20.20	6140	1010	516114			
										-							-						
										-							-						
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										-							-						
										-							-						
										-							-						
Sub-Total																			\$	40.40			

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  
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Name: Councillor Killick

Date Submitted: 03/02/23 Month: January Year: 2023

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					
13/01/23	Mobile Device (Telus)					43.00	6404 1010	516114	N/A	Mobile Device Charge
19/01/23	Home Internet (Telus)					66.15	1010	516114	N/A	Mobile Device Charge

Sub-Total \$ 109.15

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
19/01/23	Chamber Luncheon Registration					45.00		45.00
								-
								-
								-
								-
								-
								-
								-

Sub-Total \$ 45.00



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03/02/23 Month January Year 2023

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\*\***
- 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	\$ 194.55
Less: BMO MasterCard	-\$ 45.00
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Killick</b>	<b>\$ 149.55</b>



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03/02/23 Month January Year 2023

Authorizations & Approvals

Councillor Killick January 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 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.  
*[Signature]*  
Mike Killick (Feb 23, 2023 15:47 MST)  
Council Member's Signature Date (DD/MM/YY)

**Accounts Payable**  
I have reviewed this claim for mathematical accuracy and documentation support.  
*[Signature]*  
Danielle Parsons (Feb 24, 2023 10:34 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  
*[Signature]*  
Anne Vitoron (Mar 14, 2023 10:44 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]*  
William Fletcher (Mar 14, 2023 12:45 MDT)  
City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 03/03/23

Month: February Year: 2023

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											ACCT	Cost Ctr	Project	
								CAT7		1220	1220	1225	1226	1221	1222	1222				CAT 2	
										-										CAT4	
										-											
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										-											
										-											
										-											
										-											
Sub-Total																	\$	-			

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											ACCT	Cost Ctr	Project	
								CAT7		1221	1221	1222	1226	1227	1225	1224				CAT 2	
										-										CAT4	
										-											
										-											
										-											
										-											
										-											
										-											
										-											
										-											
Sub-Total																	\$	-			



Council Member Monthly Expense Claim Form

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Name: Councillor Killick

Date Submitted: 03/03/23 Month: February Year: 2023

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 Killick

Date Submitted: 03/03/23 Month: February Year: 2023

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				Expense Type
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project	CAT7	
13/02/23	Mobile Device - Telus		43.00	6404	1010	516114	N/A	Mobile Device Charge
19/02/23	Home Internet - Telus		66.15		1010	516114	N/A	Mobile Device Charge

Sub-Total \$ 109.15

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
09/02/23	Business Breakfast Registration					32.11		32.11
09/02/23	Business@Lunch Registration					45.00		45.00
21/02/23	Breakfast w/Min. Toews Registration					30.01		30.01
								-
								-
								-
								-
								-

Sub-Total \$ 107.12





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\*\***
- 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	\$ 216.27
Less: BMO MasterCard	-\$ 107.12
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Killick</b>	<b>\$ 109.15</b>



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Date Submitted: Month:  Year: **Authorizations & Approvals**

Councillor Killick

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 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)

**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

  
 \_\_\_\_\_  
 Director - Financial & Strategic Services 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)



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 04-04-23 Month March Year 2023

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		
		From	To			From	To											CAT7	1220	1220
02-03-23	Edmonton Salutes MFRC Sponsor Night					St. Albert	Edmonton Garrison	Return	26.80	13.53							13.53	6140	1010	516114
06-03-23	Chamber Breakfast w/Min. Toews					St. Albert	Sturgeon Valley Golf Course	Return	11.80	5.96							5.96	6140	1010	516114
08-03-23	Business@Lunch					St. Albert	Sturgeon Valley Golf Course	Return	11.80	5.96							5.96	6140	1010	516114
16-03-23	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010	516114
24-03-23	Edmonton Salutes Business Lunch					St. Albert	Edmonton Garrison	Return	26.80	13.53							13.53	6140	1010	516114
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
Sub-Total																	\$ 54.14			

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 *	Comence or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
		From	To			From	To											CAT7	1221	1221
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
										-							-			
Sub-Total																	\$ -			



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 04-04-23 Month March Year 2023

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											ACCT	Cost Ctr	Project
								CAT7		1221	1221	1222	1226	1227	1225	1224				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											ACCT	Cost Ctr	CAT3	CAT4
								CAT7		1220	1220	1225	1226	1221	1222	1222					
										-											
										-											
										-											
										-											
										-											
										-											
										-											
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
13-03-23	Mobile Device - Telus		43.00		6404 1010	516114 N/A	Mobile Device Charge
19-03-23	Home Internet - Telus		69.30		1010	516114 N/A	Mobile Device Charge
08-02-23	Office supplies		15.75		6502 1010	516114 N/A	Office/Operating Supp

Sub-Total \$ 128.05

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
01-03-23	UDI Luncheon Registration					74.09		74.09
08-03-23	Business@Lunch Registration					65.00		65.00
20-03-23	UDI Luncheon Registration					74.09		74.09
22-03-23	Edmonton Salutes MFRC Yellow Ribbon Gala Registration					300.00		300.00
28-03-23	EOEP Land Use & Development Approvals Registration					309.75		309.75
29-03-23	Uncharitable Screening					30.50		30.50
								-
								-
								-

Sub-Total \$ 853.43



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 04-04-23 Month March Year 2023

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	\$	1,035.62
Less: BMO MasterCard	-\$	853.43
Less: Expenses Paid	\$	-
<b>Net to be paid to Councillor Killick</b>	<b>\$</b>	<b>182.19</b>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 04-04-23 Month: March Year: 2023

Authorizations & Approvals

Councillor Killick 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 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.

*[Signature]*  
 Council Member's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

*[Signature]*  
 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

*[Signature]*  
 Director - Financial & Strategic Services 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) \_\_\_\_\_