



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 29/08/23

Month: July 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*	Per Diems*	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	1216	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*	Per Diems*	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	1227	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4
										-								-				
										-								-				
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										-								-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name: Councillor Brodhead

Date Submitted: 29/08/23

Month: July Year: 2023

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
18/07/23	Home Internet - Shaw	70.00	6404	1010	516104 N/A	Mobile Dev
25/07/23	Mobile Device - Bell	55.00		1010	516104 N/A	Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description								
19/07/23	CUTA Annual Conference & Transit Show Registration						1,330.91		1,330.91
									-
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									-
									-
									-
									-

Sub-Total \$ 1,330.91



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Name: Councillor Brodhead

Date Submitted: 29/08/23

Month: July Year: 2023

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	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. 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)
- 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.
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed
- Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
- Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$ 1,591.87
Less: BMO MasterCard	-\$ 1,330.91
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Brodhead	\$ 260.96



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 29/08/23

Month: July Year: 2023

Authorizations & Approvals

Councillor Brodhead July 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] Aug 29, 2023
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 Aug 29, 2023
Council Member's Signature Date (DD/MM/YY)

Accounts Payable

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

Lynda Lavallee Aug 30, 2023
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] Aug 30, 2023
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] Aug 30, 2023
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: 21-09-23

Month: August 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 @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding			
		From	To			From	To												CAT7	1220	1225	1226
05-08-23	UDI Golf Classic	St. Albert	Edmonton-East	Return	44.00					27.28								27.28	6140	1010	516104	
16-08-23	EMRB Golf Tournament	St. Albert	Edmonton-West	Return	40.00					24.80								24.80	6140	1010	516104	
17-08-23	Confederacy of Treaty 6 First Nations - 30th Anniversary Pow Wow	St. Albert	Edmonton-West	Return	40.00					24.80					100.00			124.80	6140	1010	516104	
24-08-23	Alberta Municipal Climate Leadership Meeting									-				100.00				100.00	6140	1010	516104	
										-								-				
										-								-				
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										-								-				
										-								-				
Sub-Total																						\$ 276.88

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Commerence or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding			
		From	To			From	To												CAT7	1221	1221	1222
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
Sub-Total																						\$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 21-09-23

Month: August 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*	Per Diems*	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	1216	1227	1225	1224		ACCT Cost Ctr 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*	Per Diems*	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	1227	1221	1222	1222		ACCT Cost Ctr CAT3 CAT4
										-								-	
										-								-	
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										-								-	
										-								-	

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		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
18-09-23	Home Internet - Shaw	70.00	6404	1010	516104 N/A	Mobile Dev
25-09-23	Mobile Device - Bell	55.00		1010	516104 N/A	Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
23-08-23	ABMunis Fall Convention						840.00		840.00
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 840.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year:

Authorizations & Approvals

Councillor Brodhead

August

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

Sep 21, 2023
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 \(Sep 22, 2023 08:56 MDT\)](#)
Council Member's Signature

Sep 22, 2023
Date (DD/MM/YY)

Accounts Payable

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

Lynnda Lavallo
[Lynnda Lavallo \(Sep 25, 2023 08:09 MDT\)](#)
Accounts Payable Personnel Signature

Sep 25, 2023
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
[Anne Victor \(Sep 26, 2023 09:09 MDT\)](#)
Director - Financial & Strategic Services Signature

Sep 26, 2023
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

Sep 26, 2023
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 26/10/23

Month: September 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 @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	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	Project	CAT4	
17/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-					200.00			200.00	6005	1010	516104		
17/09/23	CUTA Exec, Federal Advocacy, Housing Symposium	St. Albert	EIA	One Way	52.00					32.24	50.00	398.39			84.09		564.72	6140	1010	516104			
18/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-				200.00			200.00	6005	1010	516104			
18/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-		398.39			77.57		475.96	6140	1010	516104			
19/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-				200.00			200.00	6005	1010	516104			
19/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-		398.39			43.71		442.10	6140	1010	516104			
20/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-				200.00			200.00	6005	1010	516104			
20/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-		398.39			58.68		457.07	6140	1010	516104			
21/09/23	CUTA Exec, Federal Advocacy, Housing Symposium									-				200.00			200.00	6005	1010	516104			
21/09/23	CUTA Exec, Federal Advocacy, Housing Symposium	EIA	St. Albert	One Way	52.00					32.24	129.86				78.07		240.17	6140	1010	516104			
										-							-						
										-							-						
										-							-						
Sub-Total																						\$ 3,180.02	

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*	Per Diems*	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	1216	1227	1225	1224		ACCT	Cost Ctr	Project	CAT4	
										-								-					
										-								-					
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										-								-					
										-								-					
Sub-Total																						\$ -	



Council Member Monthly Expense Claim Form

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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*	Per Diems*	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	1216	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project	CAT4
27/09/23	ABMunis Convention									-				200.00				200.00	6100	1010	516104	
27/09/23	ABMunis Convention	St. Albert	Edmonton-Downtown	Return	30.00					18.60	15.00							33.60	6100	1010	516104	
28/09/23	ABMunis Convention									-				200.00				200.00	6100	1010	516104	
28/09/23	ABMunis Convention	St. Albert	Edmonton-Downtown	Return	30.00					18.60	15.00							33.60	6100	1010	516104	
29/09/23	ABMunis Convention									-				200.00				200.00	6100	1010	516104	
29/09/23	ABMunis Convention	St. Albert	Edmonton-Downtown	Return	30.00					18.60	15.00							33.60	6100	1010	516104	

Sub-Total \$ 700.80

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*	Per Diems*	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	1227	1221	1222	1222		ACCT	Cost Ctr	CAT3	CAT4
										-								-				
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										-								-				
										-								-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 26/10/23

Month September 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				
Date (DD/MM/YY)	Detailed Description	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type					
18/09/23	Home Internet - Shaw/Rogers					70.00	6404	1010	516104	N/A	Mobile Dev
25/09/23	Mobile Device - Bell					55.00		1010	516104	N/A	Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration/Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
									-
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									-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year:

Authorizations & Approvals

Councillor Brodhead

September

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.

Wes Brodhead
Preparer's Signature

Oct 27, 2023
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
Council Member's Signature

Oct 27, 2023
Date (DD/MM/YY)

Accounts Payable

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

Lynda Lavallee
Accounts Payable Personnel Signature

Oct 27, 2023
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

Suzanne Findlay
Director - Financial & Strategic Services Signature

Oct 27, 2023
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

Oct 27, 2023
Date (DD/MM/YY)