

Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 27/07/23

Ionth July

2023

General Council F	telated Business	In-Region Mileage Cl	aim based on Chart	Way	Mileage Claim km's (From Chart)	Out-of-Region Mi	ileage Claim (or In-	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total			GL Coding CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1227	1221	1222	1222	:	ACCT	Cost Ctr	CAT 2 Project C	AT4
12/07/23	Uline Tour/Business Meeting													100.00				100.00	6140	1010	516106	
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Sub-Total \$ 100.00

Professional Dev	elopment	In-Region Mileage C		Way	Mileage Claim (From Chart)	Out-of-Region Mil Region, spe	eage Claim (or In- cific mileage)	One Way	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1216	1227	1225	i 122	ļ	ACCT Cost Ctr	CAT 2 Project CAT4
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Sub-Total \$



Select From List Do not enter in "Grey" cells

Name: Councillo

Councillor Hughes

Date Submitted 27/07/23

July Yea

2023

AUMA or FCM C	onvention or Board Expenses	In-Region Mileage Cl		Mileage Claim (From Chart)	Out-of-Region Mil Region, sper	eage Claim (or In- cific mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			General Expenses *	Total		GL Coding	
Date (DD/MM/YY	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	1226	1216	1227	1225	1224		ACCT Cost Ctr	CAT 2 Project CA	AT4
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Sub-Total \$ -

Office of the May	yor (Official Events & Duties)	In-Region Mileage C	Claim based on Chart	Way	Out-of-Region Mil Region, sper	eage Claim (or In- cific mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			General Expenses *	Total	GL Coding	
Date (DD/MM/YY)) Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220) 1225	1226	1227	1221	1222	! 122	2	ACCT Cost Ctr CAT3 C	AT4
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Sub-Total	S	



Select From List
Do not enter in "Grey" cell:

Councillor Hughes

Date Submitted 27/07/23 Month July Year 2023

Operating Supplie	hs/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 CAT	Expense 7 Type
03/07/23	Home Internet - Shaw	70.00	6404 1010	516106	/A Mobile Dev
13/07/23	Mobile Device - Virgin Mobile	55.00	1010	516106	/A Mobile Dev
15/07/23	Office Supplies - Amazon	31.49	6502 1010	516106	/A Office/Ope
15/07/23	Office Supplies - Costco	78.74	6502 1010	516106	/A Office/Ope

Sub-Total \$ 235.23

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

- 0	T. City of .
SFX	lbert
	Cultivate Life



Councillor Hughes 27/07/23 Name: Date Submitted

Expenses Paid D	rectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Registratio n /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. 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)

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

6. Incomplete expense claims will not be processed

7. 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.

8. 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	\$ 335.23
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Hughes	\$ 335.23

Sub-Total



Select From List Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted	27/07/23	Month	July	Year	2023

Authorizations & Approvals		Councillor Hughes	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 I	ime of submission.			
OS south	Jul 27, 2023			
Preparer's Signature	Date (DD/MMYY)			
Council Member				
l certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by another individual. All applicable receipts have been attached. NEGNA TUBLES	f St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the det	ails of the claim even if the form		
Sheena Hughes (Jul 27, 2023 16:43 MDT)	Jul 27, 2023			
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.				
Lynda Lavallee Lynda Lavallee (Jul 27, 2023 1653 MDT)	Jul 27, 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 in the information and documentation and	led are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Jul 28, 2023 09:51 MDT)	<u>Jul 28, 2023</u>			
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 provide Diane MoMordie				
Diane McMordie (Jul 28, 2023 10:10 MDT)	<u>Jul 28, 2023</u>			
City Manager Signature	Date (DD/MM/YY)			



Select From List Do not enter in "Grey" cells

Name: Councill

Councillor Hughes

Date Submitted

Month

01/09/23

August Yea

2023

General Council Related Business	In-Region M	Mileage Claim based on Char	One Way t /Return	Mileage Claim km's (From Chart)	Out-of-Region Mil Region, spe	leage Claim (or In- cific mileage)	One Way /Return	Mileage Claim km's- Specific	Mileage Amount @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total		GL Coding CAT 2	
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1227	1221	1222	1222		ACCT Cost Ct	Project C/	AT4
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Sub-Total \$ -

Professional Dev	plopment	In-Region Mileage C	Claim based on Chart	Way	Out-of-Region Mil Region, spe			Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *		General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_	1221	1221	1222	1226	1216	1227	1225	1224	1	ACCT Co	St Ctr Project CAT4
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Select From List Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted

Month

01/09/23

August Ye

2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl		Mileage Claim (From Chart)	Out-of-Region Mil Region, spe	leage Claim (or In- cific mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	1226	1216	1227	1225	5 1224		ACCT Cost (CAT 2 Ctr Project CAT4
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Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mil Region, spe	eage Claim (or In- cific mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total		GL Coo	ding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220) 1225	1226	1227	1221	1222	122	2	ACCT	Cost Ctr CAT3	CAT4	
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Sub-Total \$ -



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"Grey" cells

Name:	Councillor Hughes
	o o annomor i nagino o

Date Submitted

01/09/23

Month August Ye

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 Ctr	CAT 2 Project CAT7	Expense Type
03/08/24	Home Internet - Shaw	70.00	6404 1010	516106 N/	A Mobile Dev
13/08/23	Mobile Device - Virgin Mobile	55.00	1010	516106 N/	A Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
18/08/23	State of the City Registration						65.00		65.00
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Sub-Total

\$ 65.00

Sŧ	City of Council Member Monthly Calvivare Life	/ Expense Clair	n Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Hughes	Date Submitted	01/09/23		Month	August	Year	2023	
Expenses Paid D	irectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
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<u>Claim Reminders:</u>
** 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. 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)
- 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. Expense claims must be submitted within 10 days of the following month
- 6. Incomplete expense claims will not be processed
- 7. Per Diens (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.

 8. 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

Crand Total Evnances	¢	190.00
Grand Total Expenses Less: BMO MasterCard	-S	65.00
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Hughes	\$	125.00

Sub-Total



Select From List Do not enter in "Grey" cells

ame:	Councillor Hughes

Date Submitted 01/09/23 Month August Year 202

Authorizations & Approvals		Councillor Hughes	August	2023
Preparer If claim form was prepared by an individual other than the Council Member, sign and date below Tile experise claim form was prepared in accordance with all information provided by the Council Member at the ti	me of submission. Sep 1, 2023 Date (DD/MM/YY)			
Council Member				
	St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the detail Sep 1, 2023	s 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. Lynda Lavallee (Sep 1, 2023 15:31 MDT) Accounts Payable Personnel Signature	Sep 1, 2023 Date (DD/MMYY)			
Director - Financial & Strategic Services				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provid	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Sep 1, 2023 16:04 MDT)	Sep 1, 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 provid	ed are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
have reviewed this claim and am satisfied that the expenses listed and the information and documentation provid History and the information and documentation provid	Sep 1, 2023			
City Manager Signature	Date (DD/MMYY)			



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted

Month

25/10/23

September Y

2023

General Council I	Related Business	In-Region Mileage Cla		One Way	Mileage Claim km's (From Chart)	Out-of-Region M	fileage Claim (or In- ecific mileage)	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	Meals *	Registratio n /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	2	ACCT Cost Ctr F	CAT 2 Project CAT4	
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage C		Way	Mileage Claim (From Chart)	Out-of-Region Mil Region, spe	eage Claim (or In- cific mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*		Conference or Course Registratio n /Event Ticket *	General Expenses *	Total		GL Coding CAT 2
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1221		1222	1226	1216	1227	1225	1224	4	ACCT Cost Ct	CAT 2 tr Project CAT4
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Sub-Total \$

1 of 5



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 25/10/23 Month September Year 2023

AUMA or FCM Co	onvention or Board Expenses	In-Region Mileage C	laim based on Chart	Mileage Claim (From Chart)	Out-of-Region Mil Region, spe		One Way	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			General Expenses *	Total	GI	L Coding CAT 2
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_	1221	1221	1222	1226	1216	1227	1225	1224	ļ.	ACCT Cost Ctr	CAT 2 Project CAT4
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Sub-Total \$ -

Office of the May	yor (Official Events & Duties)	In-Region Mileage (Claim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mi Region, spe	eage Claim (or In- cific mileage)	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*		Registratio n /Event Ticket *	General Expenses *	Total		GL Co	oding
Date (DD/MM/YY)) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220) 1225	1226	1227	1221	1222	2 1222	2	ACCT	Cost Ctr CAT3	CAT4
09/09/23	3 Council in the Community Supplies																209.23	209.23	6140	1030 N/A	1125
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Sub-Total \$ 209.23



Select From List Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 25/10/23 Month September Year 2023

Operating Supplie	ns/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 CAT	Expense 7 Type
03/09/23	Home Internet - Shaw/Rogers	70.00	6404 1010	516106 N	//A Mobile De
13/09/23	Mobile Device - Virgin Mobile	55.00	1010	516106 N	/A Mobile De

Sub-Total \$ 125.00

BMO MasterCard E	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Registratio n /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
05/09/23	UDI Luncheon Registration					74.09		74.09
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Sub-Total \$ 74.09

D.	TICity of
Sty	llbert
	Cultivate Life



Councillor Hughes Name: Date Submitted 25/10/23

Expenses Paid Di	octly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Registratio n /Event Ticket *	General	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. 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)

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

6. Incomplete expense claims will not be processed

7. 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.

8. 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	\$	408.32
Less: BMO MasterCard	-\$	74.09
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Hughes	\$	334.23

Sub-Total





Name:

Councillor Hughes

Date Submitted 25/10/23 Month September Year 2023

Authorizations & Approvals		Councillor Hughes	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.			
Mandel	Oct 25, 2023			
Preparer's Signature	Date (DD/MMYY)			
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 form		
was completed by another individual. All applicable receipts have been attached. **Neena Hughes** Sheena Hughes (Oct 25, 2023 10:07 MDT)	Oct 25, 2023			
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.				
Lynda Lavallee Lynda Lavallee Lynda Lavallee Lynda Lavallee (Oct 25, 2023 11:20 MDT)	Oct 25, 2023			
Eynda Lavance (Oct 23, 2023 11:20 HD1)				
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 provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Oct 25, 2023 12:14 MDT)	Oct 25, 2023			
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			
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provi	Oct 25, 2023			
City Manager Signature	Date (DD/MM/YY)			