

Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

Date Submitted

Month

29/08/23

General Council R	elated Business	In-Region Mileage Cla	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mil Region, spec	eage Claim (or In- cific mileage)	One Way	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			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	2	ACCT	Cost Ctr	Project CAT4
	Edmonton Salutes Committee, HMCS Edmonton - Victoria Sail	St. Albert	EIA	One Way	52.00					32.24	30.38				30.00			92.62	6140	1010	516114
27/07/23	Edmonton Salutes Committee, HMCS Edmonton - Victoria Sail														45.00			45.00	6140	1010	516114
	Edmonton Salutes Committee, HMCS Edmonton - Victoria Sail	EIA	St. Albert	One Way	52.00					32.24		120.00			15.00			167.24	6140	1010	516114
	Edmonton Salutes Committee, HMCS Edmonton - Victoria Sail												797.21					797.21	6140	1010	516114
08/07/23	DM Event - Boot-N-Scooter Opening & Speech													50.00				50.00	6140	1010	516114
13/07/23	DM Event - Riverside Co-Op Opening & Speech									-				50.00				50.00	6140	1010	516114
13/07/23	DM Event - Riverbank E-Bike Opening & Speech													50.00				50.00	6140	1010	516114
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	·																				
																		-			
																Sub-Total		\$ 1.252.07			

Professional Dev	elopment	In-Region Mileage C	laim based on Chart	Way	Out-of-Region Mile Region, spec			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	1224	1	ACCT	Cost Ctr	CAT 2 Project CAT4
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ub Total	¢	



Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

Date Submitted 29/08/23 Month

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl		Way	Mileage Claim (From Chart)	Out-of-Region Mile Region, spec	eage Claim (or In- ific mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*			General Expenses *	Total		GL Codin	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1216	1227	1225	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	Claim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mil Region, spe	eage Claim (or In- cific mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total		GL Cod	ding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220			1226	1227	1221	1222	122	2	ACCT	Cost Ctr CAT3	CAT4	

Sub-Total \$ -



Select From List

Do not enter in
"Grey" cells

Name:	Councillor	Killicl

Date Submitted 29/08/23 Month July Year 2023

Operating Supplie	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 CAT	Expense 7 Type
13/07/23	Mobile Device - Telus		43.24	6404 1010	516114 N	/A Mobile Dev
19/07/23	Home Internet - Telus		69.30	1010	516114 N	/A Mobile Dev
18/07/23	Costco - copy paper		10.49	6502 1010	516114 N	/A Office/Ope

Sub-Total \$ 123.03

BMO MasterCard I	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	\$ -

SE	Council Member Monthly E	Expense Clair	m Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Killick	Date Submitted	29/08/23		Month	July	Year	2023	
Expenses Paid Di	ectly 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

Grand Total Expenses	\$	1,375.10
Less: BMO MasterCard	\$	-
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Killick	\$	1,375.10
	_	

Sub-Total



Date Submitted



July

2023

29/08/23

Month

Name:	Councillor Killick

City Manager Signature

Councillor Killick Authorizations & Approvals 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. Attendate Aug 29, 2023 Date (DD/MM/YY) Preparer's Signature Council Member l 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. Michael Aug 30, 2023 Date (DD/MM/YY) Council Member's Signature Accounts Payable Aug 31, 2023 Date (DD/MM/YY) Accounts Payable Personnel Signature Director - Financial & Strategic Services 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 Sep 1, 2023 nne Victoor (Sep 1, 2023 14:42 MDT) Director - Financial & Strategic Services Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager)

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

Sep 1, 2023

Date (DD/MM/YY)



Select From List Do not enter in "Grey" cells

Name:	Councillor	Killic

Date Submitted 07/09/23

																			1		
eneral Council	Related Business	In-Region Mileage Cla		Way	Mileage Claim km's (From Chart)	Out-of-Region Mil Region, spe	eage 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
ate (DD/MM/YY)	Nature of Event/Meeting	From	То					CAT7_		1220			1226	1227	1221	1222	1222	2	ACCT	Cost Ctr	CAT 2 Project CAT4
01/08/23	CSAC Speical Meeting									_				100.00				100.00	6140	1010	516114
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Professional Dev	elopment	Jn-Region Mileage Cl	aim based on Chart	Way	Mileage Claim (From Chart)	Out-of-Region Mil	eage Claim (or In-	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	1224		ACCT	Cost Ctr	CAT 2 Project CAT4
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Sub-Total

\$ 100.00



Select From List Do not enter in "Grey" cells

Name: Councillo

Councillor Killick

Date Submitted 07/09/23

August Year

Month

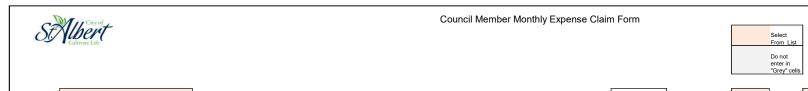
2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim 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*		Conference or Course Registratio n /Event Ticket *	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	ļ	ACCT Cost C	CAT 2 r Project CAT4
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Sub-Total \$ -

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

Sub-Total \$ -



Councillor Killick

Name:

Operating Supplie	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
13/08/23	Mobile Device - Telus		50.46	6404 1010	516114 N/A	Mobile Dev
19/08/23	Home Internet - Telus		69.30	1010	516114 N/A	Mobile Dev
				1		

Date Submitted

07/09/23

Month

Sub-Total \$ 119.76

BMO MasterCard E	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	\$ -

SE	City of Council Member Month	nly Expense Clair	m Form				Select From List Do not enter in "Grey" cells		
Name:	Councillor Killick	Date Submitted	07/09/23		Month	August	Year	2023	
Expenses Paid Di	rectly 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)									
									_

<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

and Total Expenses \$ 219	.76
ss: BMO MasterCard \$	
ss: Expenses Paid \$	-
t to be paid to: Councillor Killick \$ 219	.76
t to be paid to: Councillor Killick \$	219

Sub-Total





Name:	Counci

Councillor Killick

Date Submitted 07/09/23 Month	August Year 2023	3

Authorizations & Approvals	c	Councillor Killick	August	2023
Proparer If claim form was prepared by an individual other than the Council Member, sign and date below [7]by expense claim form was prepared in accordance with all information provided by the Council Member at the	ime of submission.			
Musik	Sep 7, 2023			
Preparer's Signature	Date (DD/MMYY)			
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.	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		
mike killick (Sep 8, 2023 11:35 MDT)	Sep 8, 2023			
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable				
I have reviewed this claim for mathematical accuracy and documentation support. Lynda Lavaluee Lynda Lavallee (Sep 11, 2023 08:25 MDT)	Sep 11, 2023			
Accounts Payable Personnel Signature	Date (DD/MMYY)			
			1	
<u>Director - Financial & Strategic Services</u>				
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 (Sep 11, 2023 10:54 MDT)	Sep 11, 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			
WHELE C	Sep 11, 2023			
City Manager Signature	Date (DD/MM/YY)			
			-	



Select From List Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted

Month

19-10-23

September Ye

2023

General Council F	telated Business	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim km's (From Chart)	Out-of-Region Mil Region, spec	eage Claim (or In- cific mileage)	One Way /Return	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	Meals *		General 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	!	ACCT	Cost Ctr	Project CAT4
08-09-23	Grand Opening - Gotcha Covered													50.00				50.00	6005	1010	516114
13-09-23	Municipal Leaders Habitat Build	St. Albert	Edmonton-East	Return	44.00					27.28								27.28	6140	1010	516114
13-09-23	Municipal Leaders Habitat Build													200.00				200.00	6005	1010	516114
26-09-23	CSAC Special Funding Meeting									-				100.00				100.00	6005	1010	516114
27-09-23	NSWA Board Meeting													200.00				200.00	6005	1010	516114
	ÿ	St. Albert	Edmonton-West	Return	40.00					24.80								24.80	6140	1010	516114
28-09-23	Ground breaking, 3 Red Spur Way, 3 Robbins - DM													50.00				50.00	6005	1010	516114
28-09-23	Environmental Advisory Committee									_				100.00				100.00	6005	1010	516114
																		-			
										-								_			
																		-			
																		-			
																		_			
																Sub-Total		\$ 752.08			

Sub-Total \$ 752.08

Professional Deve	plopment	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mi	leage Claim (or In- cific mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems* N		conference or Course Registratior /Event Ticket *		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	1	ACCT	Cost Ctr	CAT 2 Project CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 19-10-23 Month September Year 2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cla	aim based on Chart	One Way	Mileage / Claim (From Chart)	Out-of-Region Mil Region, sper	leage Claim (or In- cific mileage)			Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *			Total	Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_	1221	1221	1222	1226	1216	1227	7 1225	5 1224	1	AT 2 oject CAT4
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									-						-		-	
																	_	

Sub-Total \$ -

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage C		One Way	Out-of-Region Mi	leage Claim (or In- cific mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registratio /Event Ticket *	General	Total		GL Co	ding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From		CAT7_		1220			1226	1227	1221	122	2 122	12	ACCT	Cost Ctr CAT3	CAT4	
																		Ī			
																		1			

Sub-Total \$ -



Select From List Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 19-10-23 Month September Year 2023

Operating Suppli	es/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 CAT	Expense 7 Type
13-09-23	Mobile Device - Telus		55.00	6404 1010	516114 N	I/A Mobile Dev
19-09-23	Home Internet - Telus		70.00	1010	516114 N	I/A Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Registration /Event Ticket *	General	Total
Date (DD/MM/YY)								
26-09-23	EMRB Housing Symposium Registration					54.58		54.58
								_
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								_

Sub-Total \$ 54.58

SEMBERT Cultivate Life		Council Member Monthly Expe	ense Clain	n Form				Select From List Do not enter in "Grey" cells		
Name: Councillor Killick		ם	Date Submitted	19-10-23		Month	September	Year	2023	
Expenses Paid Directly by the City (eg. Pett	Cash)	O Ti &	Other Transportation Parking *	Accommodations *	Airfare*	Per Diems*			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 931.66 Less: BMO MasterCard -\$ 54.58 Less: Expenses Paid 877.08 Net to be paid to: Councillor Killick \$

Sub-Total

\$ -



Select From List Do not enter in "Grey" cells

Name:	lco

Councillor Killick

Date Submitte

19-10-23

onth September

2023

Authorizations & Approvals		Councillor Killick	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.			
CD Britth	Oct 19, 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 was completed by another individual. All applicable receipts have been attached.	of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the d	etails of the claim even if the form		
Mike killick (Oct 19, 2023 16:36 MDT)	Oct 19, 2023			
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable				
I have reviewed this claim for mathematical accuracy and documentation support.	Oct 19, 2023			
Lynda Lavallee (Oct 19, 2023 16:42 MDT)	Oct 15, 2025			
Accounts Payable Personnel Signature	Date (DD/MMYY)			
			1	
Director - Financial & Strategic Services				
I have reviewed this claim and am satisfied that the expenses listed and the information and documentation prov	rided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Oct 24, 2023 09:28 MDT)	Oct 24, 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 pro-	vided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
AHEELC	Oct 24, 2023			
City Manager Signature	Date (DD/MM/YY)			