



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 27/07/23

Month: July

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			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1227	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project	CAT4
13/07/23	Tri-Region Mayor's Golf Classic	St. Albert	Spruce Grove	Return	58.00					35.96								35.96	6140	1010	516109	
28/07/23	Strathcona County Mayor's Golf Classic	St. Albert	Strathcona (County)	Return	66.00					40.92								40.92	6140	1010	516109	
29/07/23	Fete au Village Parade & Pancake Breakfast	St. Albert	Legal	Return	80.00					49.60								49.60	6140	1010	516109	
										-								-				
										-								-				
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										-								-				
										-								-				

Sub-Total \$ 126.48

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	CAT 2 Project	CAT4
										-								-				
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										-								-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted27/07/23

MonthJuly

Year2023

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 Registratio n /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
										-								-				
										-								-				
										-								-				
										-								-				
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										-								-				

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 *	Registratio n /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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total\$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted:

27/07/23

Month:

July

Year:

2023

Operating Supplies/Telephone/Internet/Sponsorships				GL Coding				
		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description							
26/07/23	Home Internet - Shaw		70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total

\$70.00

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: Councillor MacKay

Date Submitted27/07/23

MonthJuly

Year2023

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)									
									-
									-
									-
									-
									-
									-
									-
									-

- 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

Sub-Total\$ -

Grand Total Expenses	\$196.48
Less: BMO MasterCard	\$-
Less: Expenses Paid	\$-
Net to be paid to: Councillor MacKay	\$196.48



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

Authorizations & Approvals


Councillor MacKay

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.


Preparer's Signature

Jul 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.


K MacKay (Jul 31, 2023 09:35 MDT)


Jul 31, 2023

Date (DD/MM/YY)

Council Member's Signature

Accounts Payable

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


Yukiko Shionoya (Aug 1, 2023 11:47 MDT)


Aug 1, 2023

Date (DD/MM/YY)

Accounts Payable Personnel Signature

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 (Aug 1, 2023 11:49 MDT)


Aug 1, 2023

Date (DD/MM/YY)

Director - Financial & Strategic Services Signature

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


Kerry Hilts (Aug 1, 2023 12:56 MDT)

Aug 1, 2023

Date (DD/MM/YY)

City Manager Signature



	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted	21-09-23
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Month **August** Year **2023**

[illegible]

Sub-Total	\$ 50.00
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[illegible]

Sub-Total	\$ -
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

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											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

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 21-09-23 Month August 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	
26-08-23	Home Internet - Shaw	70,00	6404	1010	516109	N/A	Mobile Dev

Sub-Total \$ 70,00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
22-08-23	ABMunis Fall Convention Registration						840,00		840,00
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 840,00



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 21-09-23 Month August 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)									
									-
									-
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									-
									-

- 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

Sub-Total \$ -

Grand Total Expenses	\$ 960.00
Less: BMO MasterCard	-\$ 840.00
Less: Expenses Paid	\$ -
Net to be paid to: Councillor MacKay	\$ 120.00







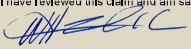
Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

Authorizations & Approvals	Councillor MacKay	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 <div>Sep 21, 2023 Date (DD/MM/YY)</div>			
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.  K MacKay (Sep 21, 2023 16:30 MDT) Council Member's Signature <div>Sep 21, 2023 Date (DD/MM/YY)</div>			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.  Lynda Lavallee (Sep 21, 2023 16:40 MDT) Accounts Payable Personnel Signature <div>Sep 21, 2023 Date (DD/MM/YY)</div>			
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 (Sep 22, 2023 08:15 MDT) Director - Financial & Strategic Services Signature <div>Sep 22, 2023 Date (DD/MM/YY)</div>			
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 <div>Sep 22, 2023 Date (DD/MM/YY)</div>			



	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted	24/10/23	Month	September	Year	2023
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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	CAT 2 Project	CAT4	
12/09/23	Policing Committee									-				100.00				100.00	6005	1010	516109		
										-								-					
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										-								-					
										-								-					
										-								-					
Sub-Total																		\$	100.00				

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 CAT 2	
										-								-				
										-								-				
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										-								-				
										-								-				
Sub-Total																		\$	-			



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted24/10/23

MonthSeptember

Year2023

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	516109	
27/09/23	ABMunis Convention	St. Albert	Edmonton-Downtown	One Way						9.30	25.00	549.00						583.30	6100	1010	516109	
28/09/23	ABMunis Convention									-				200.00				200.00	6100	1010	516109	
28/09/23	ABMunis Convention	Edmonton-Downtown	St. Albert	One Way						9.30	25.00							34.30	6100	1010	516109	
29/09/23	ABMunis Convention									-				200.00				200.00	6100	1010	516109	
29/09/23	ABMunis Convention	St. Albert	Edmonton-Downtown	Return						18.60	25.00							43.60	6100	1010	516109	

Sub-Total\$ 1,261.20

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 *	Registratio n /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
										-							-					
										-							-					
										-							-					
										-							-					
										-							-					

Sub-Total\$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted:

24/10/23

 Month:

September

 Year:

2023

Operating Supplies/Telephone/Internet/Sponsorships					Total	GL Coding				
		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)				ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description									
26/09/23	Home Internet - Shaw/Rogers				70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total

\$70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
08/09/23	ICSC Membership							184.12	184.12
08/09/23	ICSC Registration - Prepay Jan 2024						708.75		708.75
26/09/23	ICSC Conference - Prepay Jan 2024			302.53					302.53
26/09/23	ICSC Conference - Prepay Jan 2024			374.98					374.98
									-
									-
									-
									-
									-

Sub-Total

\$1,570.38



Council Member Monthly Expense Claim Form

Select
From List

Do not
enter in
"Grey" cells

Name: Councillor MacKay

Date Submitted24/10/23

MonthSeptember

Year2023

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)									
									-
									-
									-
									-
									-
									-
									-
									-

- Claim Reminders:
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Sub-Total\$ -

Grand Total Expenses	\$ 3,001.58
Less: BMO MasterCard	-\$ 1,570.38
Less: Expenses Paid	\$ -
Net to be paid to: Councillor MacKay	\$ 1,431.20



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 24/10/23

Month September Year 2023

Authorizations & Approvals

Councillor MacKay

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.

[Signature]
Preparer's Signature

Oct 24, 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.

K. MacKay
K MacKay (Oct 24, 2023 13:42 MDT)

Oct 24, 2023

Date (DD/MM/YY)

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Oct 25, 2023 11:16 MDT)

Oct 25, 2023

Date (DD/MM/YY)

Accounts Payable Personnel Signature

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]
Anne Victor, (Oct 25, 2023 12:29 MDT)

Oct 25, 2023

Date (DD/MM/YY)

Director - Financial & Strategic Services Signature

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 25, 2023

Date (DD/MM/YY)