



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
11-04-23	Mobile Device - Telus			55.00		6404 1010	516113 N/A	Mobile Device Charge
19-04-23	Home Internet - Telus			70.00		1010	516113 N/A	Mobile Device Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
20-04-23	Tri-Region Mayor's Golf Classic Registration					262.50		262.50
20-04-23	UDI Luncheon Registration					74.09		74.09
26-04-23	UDI Golf Tournament Registration					252.31		252.31
26-04-23	Chamber Golf Tournament Registration					183.75		183.75
26-04-23	Business@Lunch Registration					45.00		45.00
								-
								-
								-
								-

Sub-Total \$ 817.65



Council Member Monthly Expense Claim Form

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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****
 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	\$	942.65
Less: BMO MasterCard	-\$	817.65
Less: Expenses Paid	\$	-
Net to be paid to Councillor Biermanski	\$	125.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells


Name:

Date Submitted Month Year

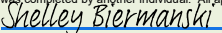
Authorizations & Approvals

Councillor Biermanski April 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.

 _____
Shelley Biermanski (May 2, 2023 11:11 MDT)
Council Member's Signature Date (DD/MM/YY)


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

 _____
Danielle Parsons (May 3, 2023 08:41 MDT)
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

 _____
Anna Victor (May 3, 2023 13:18 MDT)
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 Biermanski

Date Submitted 06/06/23 Month May 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)		Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
11/05/23	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Device Charge
19/05/23	Home Internet - Telus	70.00		1010	516113	N/A	Mobile Device Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
03/05/23	Sturgeon County Golf Tournament Registration					236.25		236.25
23/05/23	UDI Luncheon Registration					74.09		74.09
29/05/23	Business@Lunch Registration					45.00		45.00
								-
								-
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								-
								-
								-

Sub-Total \$ 355.34



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 06/06/23 Month: May 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)							
							-
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							-

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	\$	517.71
Less: BMO MasterCard	-\$	355.34
Less: Expenses Paid	\$	-
Net to be paid to Councillor Biermanski	\$	162.37



Council Member Monthly Expense Claim Form


Select From List
Do not enter in "Grey" cells

Name:

Date Submitted: Month: Year:


Authorizations & Approvals Councillor Biermanski May 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.




 Shelley Biermanski (Jun 6, 2023 18:00 MDT)
 Council Member's Signature Date (DD/MM/YY)

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




 Lynda Lavallee (Jun 7, 2023 08:14 MDT)
 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



 Anne Victor (Jun 7, 2023 08:28 MDT)
 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

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Name: Councillor Biermanski

Date Submitted: 04/07/23 Month: June 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										ACCT	Cost Ctr	Project	CAT4																			
15/06/23	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010	516113																				
16/06/23	Sturgeon County Mayor's Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00					20.20							20.20	6140	1010	516113																				
21/06/23	Chamber Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00					20.20							20.20	6140	1010	516113																				
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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										ACCT	Cost Ctr	Project	CAT4																			
										-							-																							
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Name: Councillor Biermanski

Date Submitted: 04/07/23

Month: June 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				Expense Type
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ctr	CAT 2 Project CAT7		
11/06/23	Mobile Device - Telus		55.00	6404	1010	516113	N/A	Mobile Device Charge
19/06/23	Home Internet - Telus		70.00		1010	516113	N/A	Mobile Device Charge

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
05/06/23	EMRB Golf Refund					- 204.75		- 204.75
05/06/23	EMRB Golf Tournament Registration					204.75		204.75
21/06/23	UDI Luncheon Registration					74.09		74.09
								-
								-
								-
								-
								-

Sub-Total \$ 74.09



Council Member Monthly Expense Claim Form

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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**

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- A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location
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- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed

Grand Total Expenses	\$	254.64
Less: BMO MasterCard	-\$	74.09
Less: Expenses Paid	\$	-
Net to be paid to Councillor Biermanski	\$	180.55



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 04/07/23

Month June Year 2023

Authorizations & Approvals

Councillor Biermanski June 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]
Shelley Biermanski (Jul 4, 2023 23:23 MDT)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
[Signature]
Lynda Lavallee (Jul 5, 2023 08:15 MDT)
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]
Suzanne Findlay (Jul 5, 2023 08:49 MDT)
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)