

Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

ate Submitted 02-05-23 Month April Year 2023

					Mileage				Mileage	l					Registration /Event Ticket *					
General Council I	Related Rusiness				Claim km's				Claim	Mileage	Other				Registration					
Conoral Council	tolatou Buomooo	In-Region Mileage Cl		One Way	(From	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	km's-	Amount @	Transportation	l			/Event Ticket	General				
		In-Region Mileage Cl	aim based on Chart	/Return	Chart)	specific	ge Claim (or In-Region, mileage)	/Return	Specific	0.505/km	& Parking *	Accommodations *	Airfare*	Meals *	•	Expenses *	Total		GL Coding	
																			CAT 2	
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	122	3 1221	1222	1222		ACCT	Cost Ctr Project	t CAT4
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Sub-Total \$ -

Professional Development	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
	From	То			From		CAT7_		1221	1221	1222	1226	1227	1225	1224	4	ACCT	CAT 2 Cost Ctr Project CAT4	
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Sub Total	•	



Select From List Do not enter in "Grey" cells

Name:

Councillor Brodhead

2023 02-05-23

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Milespec	eage Claim (or In-Region, ific mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project	
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\$ -Sub-Total

Office of the Ma	yor (Official Events & Duties)	In-Region Mileage C		One Way	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-		Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Coding	9
Date (DD/MM/Y	/) Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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Sub-Total \$ -



Select From List Do not enter in "Grey" cells

Name:	Councillor Brodhead
ivaille.	Councillor Diourieau

Date Submitted 02-05-23 Month April Year 2023

Operating Suppl	ies/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 Co	CAT 2 : Ctr Project	CAT7	Expense Type	
18-04-2	3 Home Internet - Shaw		70.00	6404 10	516104	N/A	Mobile De	vice Charge
25-04-2	3 Mobile Device - Bell		55.00	10	516104	N/A	Mobile De	vice 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 Tournament Registration					262.50		262.50
26-04-23	UDI Golf Tournament Registration					270.31		270.31
26-04-23	Chamber Golf Tournament Registration					183.75		183.75
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Sub-Total \$ 716.56

CE	West Council Member Monthly Expe	nse Claim F	orm					1		
06/	NDECK						Select From List			
							Do not	1		
							enter in "Grey" cells	;		
Name:	Councillor Brodhead	Date Submitted	02-05-23		Month	April	Year	2023	:3	
Expenses Paid Dire	city 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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Claim Reminders: ** See Council Police	y C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**	•				Sub-Total	•	\$ -	- =	
Detailed receipts n	ust be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.					<u> </u>				
	be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.			Grand 1		penses sterCard			\$	841.56
	chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location , 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 recei	ot.		Less: E					-\$ \$	716.56

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)

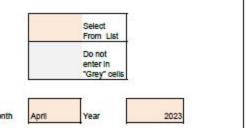
6. Expense claims must be submitted within 10 days of the following month

7. Incomplete expense claims will not be processed

Net to be paid to Councillor Brodhead

\$ 125.00





				"Grey" cells	1
Name:	Councillor Brodhead	Date Submitted 02-05-23 Month	April	Year	2023

Authorizations & Approvals		Councillor Brodhead	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 temperary'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 was completed by another individual. All applicable receipts have been attached. Wes Brodhead (May 2, 2023 18:09 GMT+2)	f 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 serious matter.	he 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. Yukiko Shionoya (Mey 2, 2025 12:03 MDT)				
Accounts Payable Personnel Signature	Date (DD/MMYY)			
Director - Financial & Strategic Services I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided. Anne Victoor (May 2,2023 13:05 MDT)	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
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 the company of the compan	led are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
City Manager Signature	Date (DD/MMYYY)			
		j.		

P:\Mayor's Office\Expenses - F00\2023\4 - April\Brodhead\[Cir Brodhead Council Expense Claim Form - April 2023.xism]Claim Form



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted

Month

22/06/23

May Year

2023

General Council	Related Business	In-Region Mileage Cl		Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,	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	ı
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	!	ACCT	CAT Cost Ctr Proje	2 ct CAT4
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Sub-Total \$ -

Professional Dev	·	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region, mileage)	One Way		Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_	1221	1221	1 1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total

1 of 5



Select From List Do not enter in "Grey" cells

Name: Councillor

Councillor Brodhead

Date Submitted 22/06/23

Month May Yea

2023

AUMA or FCM Co	onvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GI	_ Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project	CAT4
29/05/2	FCM - Toronto	St. Albert	EIA	Return	104.00					52.52	76.25	1,535.61		250.00			1,914.38	6100	1010	516104	
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Sub-Total

\$ 1,914.38

Office of th	Mayor (Official Events & Duties)	In-Region Mileage C	aim based on Chart	Way	Out-of-Region Mileag	ne Claim (or In-Region. mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Codin	ng	
Date (DD/M	/YY) Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	!	ACCT	Cost Ctr CAT3	CAT4	
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Sub-Total \$ -



Select From List Do not enter in "Grey" cells

Name:

Councillor Brodhead

Date Submitted

Month

22/06/23

ır

2023

Operating Suppl	ies/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 Co			
Date (DD/MM/YY	Detailed Description			ACCT C	ost Ctr P	CAT 2 Project CA		Expense Type
	3 Home Internet - Shaw		70.00	6404 1				Mobile Device Charge
25/05/2	3 Mobile Device - Bell		55.00	1)10 51	16104	N/A	Mobile Device Charge

Sub-Total

\$ 125.00

BMO MasterCard	Exhenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
03/05/23	Sturgeon County Mayor's Golf Tournament Registration					236.25		236.25
16/05/23	FCM Flights			586.86				586.86
19/05/23	FCM Baggage			88.20				88.20
23/05/23	Strathcona County Mayor's Golf Classic Registration					225.00		225.00
23/05/23	UDI Luncheon Registration					74.09		74.09
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Sub-Total

\$ 1,210.40





Councillor Brodhead 22/06/23 Name: Date Submitted

Expenses Paid Di	Other Transportation & Parking *	Accommodations *	Airfare*	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**

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 \$ 3,249.78 Less: BMO MasterCard -\$ 1,210.40 Less: Expenses Paid \$ 2,039.38 Net to be paid to Councillor Brodhead

Sub-Total



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted

22/06/23

nth May Yea

2023

Authorizations & Approvals		Councillor Brodhead	May	2023
Propager If claim form was prepared by an individual other than the Council Member, sign and date below Title expense chalm form was prepared in accordance with all information provided by the Council Member at the Title expense chalm form was prepared in accordance with all information provided by the Council Member at the Title expense chalm form was prepared in accordance with all information provided by the Council Member at the	Date (DD/MMYYY)			
Council Member I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of was completed by spother individual. All applicable receipts have been attached. Wes Brodhead (Jun 22, 2023 13:14 MDT)	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		
Council Member's Signature	Date (DD/MMYY)			
Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Lynda Lavallee (Jun 22, 2023 13:26 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 provi	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
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 william Fletcher (Jun 22, 2023 15:20 MDT) City Manager Signature	ded are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement Date (DDI/MMYYY)			



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted

Month

17/07/23

'ear

2023

General Council F	Related Business	In-Region Mileage Cla	aim based on Chart	Way	Mileage Claim km's (From Chart)		ge Claim (or In-Region,	One Way	Mileage Claim km's- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL C	oding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT		CAT 2 Project CAT4
15/06/23	UDI Luncheon	St. Albert	Edmonton- Downtown	Return	30.00					15.15							15.15	6140	1010 5	16104
16/06/23	Sturgeon County Mayor's Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00					20.20							20.20	6140	1010 5	16104
21/06/23	Chamber Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00					20.20							20.20	6140	1010 5	16104
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Sub-Total \$ 55.55

Professional Dev	·	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region, mileage)	One Way		Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_	1221	1221	1 1222	1226	1227	1225	1224		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total

1 of 5



Select From List Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 17/07/23

Month June Year

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 Mileag	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GL	Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	ļ	ACCT	Cost Ctr	CAT 2 Project	CAT4
22/06/23	ABMunis Summer Municipal Leaders Caucus	St. Albert	Spruce Grove	Return	58.00					29.29							29.29	6100	1010	516104	
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Sub-Total

\$ 29.29

\$ -

Office of the May	or (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region. mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1220		1225	1226	1221	1222	1222	!	ACCT	Cost Ctr CAT3	CAT4
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Sub-Total

2 of 5



Select From List

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"Grey" cells

Name: Coun

Councillor Brodhead

Date Submitted

17/07/23 Month

lune 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		G	L Coding		
Date (DD/MM/YY)	Detailed Description			ACCT	Cost Ct	CAT 2 Project		Expense Type
18/06/23	Home Internet - Shaw		70.00		6404 1010	516104	N/A	Mobile Device C
25/06/23	Mobile Device - Bell		55.00		1010	516104	N/A	Mobile Device C

Sub-Total

\$ 125.00

DINO Mastericaru Experises		Other Transportation & Parking *	Accommodations *	Airfare*	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)							
01/06/23	ABMunis Summer Municipal Leaders Caucus registration				110.25		110.25
05/06/23	EMRB Golf Tournament Refund				- 204.75		- 204.75
06/06/23	EMRB Golf Tournament Registration				204.75		204.75
14/06/23	CUTA 2023 Ottawa Policy Forum & Federal Lobby Day			52.50			52.50
28/06/23	Chamber BBQ Lunch in the Park registration and Chamber Luncheon season ticket				472.50		472.50
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Sub-Total

\$ 635.25





Councillor Brodhead 17/07/23 Name: Date Submitted

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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								_	
								_	

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 845.09 Less: BMO MasterCard -\$ 635.25 Less: Expenses Paid \$ 209.84 Net to be paid to Councillor Brodhead

Sub-Total



Date Submitted

17/07/23

Select From List Do not enter in "Grey" cells

2023

Name: Councillor Brodhead

2023 Authorizations & Approvals Councillor Brodhead June Proparer

If claim form was prepared by an individual other than the Council Member, sign and date below

The typense claim form was prepared in accordance with all information provided by the Council Member at the time of submission. Attack reparer's Signature Date (DD/MM/YY) Council Member 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 Brounead d (Jul 17, 2023 17:41 MDT) Council Member's Signature Date (DD/MM/YY) Accounts Payable have reviewed this claim for mathematical accuracy and documentation support. Lynda Lavallee
Lynda Lavallee (Jul 18, 2023 08:03 MDT) Accounts Payable Personnel Signature Date (DD/MM/YY) 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 Anne Victoor (Jul 18, 2023 13:28 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 MICC Date (DD/MM/YY) City Manager Signature

P:\Mayor's Office\Expenses - F00\2023\6 - June\Brodhead\[Clir Brodhead Council Expense Claim Form - MASTER Revised February 2023.xlsm]Claim Form