



### Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted  Month  Year

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		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	Project CAT4																	
20-04-23	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010	516114																	
28-04-23	Edmonton Salutes	St. Albert	Edmonton-Downtown	Return	30.00					15.15	12.00						27.15	6140	1010	516114																	
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Sub-Total																																					
Sub-Total																																					

Sub-Total \$ 42.30

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 *	Comence 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	Project CAT4																		
										-							-																					
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Sub-Total																																						
Sub-Total																																						

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted  Month  Year

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	Project CAT2 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
22-04-23	Yellow Ribbon Gala - DM					St. Albert	Edmonton Garrison	Return	31.40	15.86							15.86	6140	1030	N/A	#N/A
										-							-				
										-							-				
										-							-				
										-							-				

Sub-Total \$ 15.86



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		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
13-04-23	Mobile Device - Telus	46.75				
19-04-23	Home Internet - Telus	69.30	6404	1010	516114 N/A	Mobile Device Charge
				1010	516114 N/A	Mobile Device Charge

Sub-Total \$ 116.05

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
26-04-23	Business@Lunch Registration					45.00		45.00
								-
								-
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								-
								-

Sub-Total \$ 45.00



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 02-05-23 Month: April 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)							-
							-
							-
							-
							-
							-
							-
							-
							-
							-

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	\$ 219.21
Less: BMO MasterCard	-\$ 45.00
Less: Expenses Paid	\$ -
<b>Net to be paid to Councillor Killick</b>	<b><u>\$ 174.21</u></b>



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 02-05-23 Month: April Year: 2023

Authorizations & Approvals

Councillor Killick 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.

*[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]*  
mike killick (May 2, 2023 11:25 MDT)  
Council Member's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

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

*[Signature]*  
Danielle Parsons (May 3, 2023 08:43 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]*  
Anne Victor (May 3, 2023 11:19 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]*  
William Fletcher (May 3, 2023 11:43 MDT)  
City Manager Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 06/06/23 Month: May 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_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4	
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Sub-Total																	\$	-			

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_		1221	1221	1222	1226	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 Killick

Date Submitted 06/06/23 Month May 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			
																					From
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224			ACCT	Cost Ctr	Project CAT2 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
										-							-				
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										-							-				
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		Total	GL Coding			
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)						
13/05/23	Mobile Device - Telus	43.00	6404	1010	516114 N/A	Mobile Device Charge
19/05/23	Home Internet - Telus	69.30		1010	516114 N/A	Mobile Device Charge

Sub-Total \$ 112.30

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
03/05/23	Sturgeon County Golf Tournament Registration					236.25		236.25
23/05/23	UDI Luncheon Registration					74.09		74.09
								-
								-
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								-
								-
								-
								-

Sub-Total \$ 310.34





### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

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)							
							-
							-
							-
							-
							-
							-
							-
							-

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	\$	422.64
Less: BMO MasterCard	-\$	310.34
Less: Expenses Paid	\$	-
Net to be paid to Councillor Killick	\$	112.30



### Council Member Monthly Expense Claim Form


Select From List
Do not enter in "Grey" cells

Name:

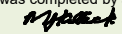
Date Submitted:  Month:  Year:

**Authorizations & Approvals** Councillor Killick 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.

  
Council Member's Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_


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

  
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

  
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:

Date Submitted:

Month:  Year:

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		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	Project	CAT4
28/06/23	NSWA AGM	St. Albert	Edmonton-West	Return	40.00					20.20							20.20	6140	1010	516114	
										-							-				
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Sub-Total																			<u>\$ 20.20</u>		

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		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ctr	Project	CAT4
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Sub-Total																			<u>\$ -</u>		



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

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
										-							-				
										-							-				
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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*	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
										-							-				
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										-							-				

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 04/07/23

Month June Year 2023

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					
13/06/23	Mobile Device - Telus					43.00	6404	1010	516114	N/A	Mobile Device Charge
19/06/23	Home Internet - Telus					69.30		1010	516114	N/A	Mobile Device Charge

Sub-Total \$ 112.30

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
28/06/23	Chamber Luncheon Season Registration					451.50		451.50
29/06/23	Chamber BBQ Lunch in the Park Registration					21.00		21.00
								-
								-
								-
								-
								-
								-

Sub-Total \$ 472.50



Council Member Monthly Expense Claim Form

Select From List  
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\*\*

- 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
- 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.
- 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)
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed

Grand Total Expenses	\$	605.00
Less: BMO MasterCard	-\$	472.50
Less: Expenses Paid	\$	-
<b>Net to be paid to Councillor Killick</b>	<b>\$</b>	<b>132.50</b>



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells


Name: Date Submitted: Month:  Year: **Authorizations & Approvals**

Councillor Killick 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.

  
 \_\_\_\_\_  
 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.

  
 \_\_\_\_\_  
 Council Member's Signature Date (DD/MM/YY)


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

  
 \_\_\_\_\_  
 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

  
 \_\_\_\_\_  
 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)