

Select From List Do not enter in "Grey" cells

lame:	Councillor Killick

Date Submitted 02-05-23 Month April Year 2023

					Mileage				Mileage												
General Council I	Palatad Rusinass				Claim km's				Claim	Mileage	Other				Registration /Event Ticket						
Ceneral Council	telated Dusiliess			One Way	(From	Out-of-Region Mileag	ge Claim (or In-Region,	One Way	km's-	Amount @	Transportation				/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	1221	1222	2 1222	!	ACCT	Cost Ctr	Project CAT4	4
			Edmonton-																		
20-04-23	UDI Luncheon			Return	30.00					15.15							15.15	6140	1010	516114	
			Edmonton-													1		1			
28-04-23	Edmonton Salutes			Return	30.00					15.15	12.00						27.15	6140	1010	516114	
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Sub-Total \$ 42.30

Professional Dev	elopment	In-Region Mileage C	laim based on Chart	One Way	Mileage Claim (From Chart)	Out-of-Region Mileag	je Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		connerence or Course Registration /Event Ticket	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)		From	То			From		CAT7_		1221	122	1222	1226	1227	1225	1224	1	ACCT	CAT 2 Cost Ctr Project 0	CAT4
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Select From List Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 02-05-23 Month April Year 2023

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	
																		1		
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Sub-Total \$ -

Office of the Ma	yor (Official Events & Duties)	In-Region Mileage Cl				ge Claim (or In-Region,	One Way /Return	Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket	General Expenses *	Total		GL (	Coding	
Date (DD/MM/Y)	/) Nature of Event/Meeting	From	То		From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr (	AT3	CAT4
22-04-2	23 Yellow Ribbon Gala - DM				St. Albert	Edmonton Garrison	Return	31.40	15.86							15.86	6140	1030	N/A	#N/A
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Sub-Total \$ 15.86



Select From List Do not enter in "Grey" cells

Councillor Killick

Date Submitted 02-05-23 Month April Year 2023

Operating Suppl	lies/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 t Ctr Project (		Expense Type	
13-04-2	3 Mobile Device - Telus		46.75	6404 10°	516114	N/A	Mobile Dev	vice Charge
19-04-2	3 Home Internet - Telus		69.30	10°	516114	N/A	Mobile Dev	vice Charge

Sub-Total \$ 116.05

BMO MasterCard I	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

Sŧ	Hibert Council Member Council Member	Monthly Expens	se Claim F	orm				Select From List Do not enter in "Grey" cells			
Name:	Councillor Killick	Ε	Date Submitted	02-05-23		Month	April	Year	202	!3	
Expenses Paid D	irectly by the City (eg. Petty Cash)	1	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total		
Date (DD/MM/YY)											
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Claim Reminders: ** See Council Po	olicy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses**						Sub-Total		\$ -		
Detailed receipt	ts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.				Crond 7	Fotal E				_	040.5
	nay be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.  rage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location					Fotal Exp BMO Ma	enses sterCard			\$ -\$	219.21 45.00
	sage chart is available for use. All minimities are based on st. Allower Place (SAP) as the base location is 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 or	n the back of the receipt.				Expense				\$	-

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

\$ 174.21

Net to be paid to Councillor Killick



Name:

City Manager Signature

Councillor Killick

## Council Member Monthly Expense Claim Form

Select From List Do not enter in "Grey" cells

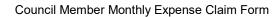
uitted 02-05-23 Month April

2023 Authorizations & Approvals Councillor Killick Proparer
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. Attrack Preparer's Signature Date (DD/MM/YY) 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 d by another individual. All applicable receipts have been attached. Date (DD/MM/YY) Council Member's Signature Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support.

Danielle Parsons Accounts Payable Personnel Signature Date (DD/MM/YY) Director - Financial & Strategic Services ewed 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 ne Victoor (May 3, 2023 11:19 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

Date (DD/MM/YY)

P:\Mayor's Office\Expenses - F00\2023\4 - April\Killick\[Cllr Killick Council Expense Claim Form - April 2023.xlsm]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	<u>In-Region Mileage C</u>	laim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Milea	age 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 Co	ding
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	2 1222	2	ACCT	Cost Ctr P	CAT 2 roject CAT4
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Sub-Total \$ -

Professional Dev	elopment	In-Region Mileage C		Way	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* Me	o Fi	Conference or Course Registration Event Ticket	General Expenses * 1	Total		GL	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	
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Sub-Total



Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

Date Submitted

Month

06/06/23

May Year

2023

AUMA or FCM Co	nvention or Board Expenses	<u>In-Region Mileage Cl</u>		Way	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 C		
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		122	1 122	1 1222	1226	1227	1225	1224	1	ACCT		CAT 2 Project CAT4	
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Sub-Total

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Office of the Mayo	or (Official Events & Duties)	In-Region Mileage Cl		Way		ge Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/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

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Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

Date Submitted 06/06/23 Month Ma

May 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	G	GL Coding		
Date (DD/MM/YY) Detailed Description			ACCT Cost Ct	CAT 2 tr Project CAT7	Expense Type	е
13/05/23 Mobile Device - Telus		43.00	6404 1010	516114 N/	A Mobile Γ	Device Charge
19/05/23 Home Internet - Telus		69.30	1010	516114 N/	A Mobile Γ	Device Charge
			-			

Sub-Total \$ 112.30

BMO MasterCard Exp	periods	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses * Total
Date (DD/MM/YY)							
03/05/23 Stu	urgeon County Golf Tournament Registration					236.25	236.2
23/05/23 UD	DI Luncheon Registration					74.09	74.09
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Sub-Total

\$ 310.34

0	M. City of
SPX	lbert
06	wa (

Select From List Do not enter in "Grey" cells

Name:

Councillor Killick

06/06/23 2023 Date Submitted Month

Expenses Paid Di	rectly 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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<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
- 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

Sub-Total



Select From List Do not enter in "Grey" cells

N	lame:	
I١	iame:	

Councillor Killick

Date Submitted 06/06/23 Month May Year 2023

Authorization 0 Account		On wall on William
Authorizations & Approvals		Councillor Killick
<u>eparer</u> claim form was prepared by an individual other than the Council Member, sign and date belo		
expense claim form was prepared in accordance with all information provided by the Cour	ıncil Member at the time of submission.	
XXXXX		
rer's Signature	Date (DD/MM/YY)	
il Member  that the expenditures claimed on this form were incurred while conducting business on	n 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 det	tails of the claim even if the form
mpleted by another individual. All applicable receipts have been attached.	i venali oi tile Oily of Ot. Albert. Tuliderstand tilat submittiing a fraudulent dalin is a very serious matter. Tuliderstand tilat i am solely responsible for tile det	ians of the claim even if the form
illick (Jun 7, 2023 11:09 MDT)		
	<del></del>	
Member's Signature	Date (DD/MM/YY)	
uts Payable		
e reviewed this claim for mathematical accuracy and documentation support.  NAA LAVALLE		
NUU LUVUUEE Lavallee (Jun 7, 2023 11:19 MDT)		
. B. U.B		
unts Payable Personnel Signature	Date (DD/MMYYY)	
r - Financial & Strategic Services		
e reviewed this claim and am satisfied that the expenses listed and the information and do	documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
ictoor (Jun 7, 2023 14;30 MDT)		
or - Financial & Strategic Services Signature	Date (DD/MM/YY)	
1 - 1 mandar & Otracegic Dervices Dignature	Date (DDIWWYTT)	
Administrative Officer (City Manager)		
e reviewed this claim and am satisfied that the expenses listed and the information and de	documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement	
AND THE REAL PROPERTY OF THE PARTY OF THE PA	, and the state of	
am Fletcher (Jun 7, 2023 15:00 MDT)		



Select From List Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted

Month

04/07/23

ne Year

2023

General Council F	Related Business	In-Region Mileage Cla		Way	Mileage Claim km's (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses *	Total		GL	. Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CA	T4
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 \$ 20.20

	Professional Deve	·	In-Region Mileage C	laim based on Chart	Way	Mileage Claim (From Chart)	Out-of-Region Mileag	ge Claim (or In-Region,		Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses * Total	I		GL Coding	
	Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From		CAT7_		1221			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 Killick

Date Submitted 04/07/23 Month

June Year

2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl				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 C	oding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224	1	ACCT	Cost Ctr	CAT 2 Project CAT4	
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Sub-Total \$

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*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222	!	ACCT	Cost Ctr CAT3 C	AT4
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Sub-Total \$ -



Select From List

Do not
enter in
"Grey" cells

Name:

Councillor Killick

Date Submitted

Month

04/07/23

ne Year

2023

Operating Suppli	rrating 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	CAT 2 Ctr Project CAT7	Expense Type	
13/06/23	Mobile Device - Telus		43.00	6404 1010	516114 N/A	A Mobile De	evice Charge
19/06/23	Home Internet - Telus		69.30	1010	516114 N/A	A Mobile De	evice Charge

Sub-Total

\$ 112.30

BMO MasterCard Expenses			Accommodations *	Airfare*	Meals *	Registration /Event Ticket	General Expenses *	Total
Date (DD/MM/YY)								
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
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Sub-Total

\$ 472.50





Name:	Councillor Killick	Date Sub	 04/07/23	M	nonun [	June	Year	2023	
		Cilea				Danistration			

		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	\$	605.00
Less: BMO MasterCard	-\$	472.50
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Killick	\$	132.50

Sub-Total





2023

04/07/23

Date Submitted

Name: Councillor Killick

Councillor Killick 2023 Authorizations & Approvals June 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. AttendAL 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. 1 understand that submitting a fraudulent claim is a very serious matter. 1 understand that 1 am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached. MARION Council Member's Signature Date (DD/MM/YY) have reviewed this claim for mathematical accuracy and documentation support. Biellin 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 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 Date (DD/MM/YY) City Manager Signature

P:\Mayor's Office\Expenses - F00\2023\6 - June\Killick\[Cllr Killick Council Expense Claim Form - June 2023.xlsm]Claim Form