

Select
From List

Do not
enter in
"Grey" cells

Name:

Councillor MacKay

Date Submitted 04-05-23 Month April Year 2023

General Council R	telated Business	In-Region Mileage Cl	aim based on Chart	One 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	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding CAT 2
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT Cost Ctr Project CAT4
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Professional Dev	elopment	In-Region Mileage Cl	aim based on Chart	One Way	Mileage / Claim (From Chart)	Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way /Return	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	or Course Registration /Event Ticket *	General Expenses *	¹ Total	GL Coding
Date (DD/MM/YY)	Nature of Event/Meeting	From	To From				CAT7_		1221					7 1225	1224	4	ACCT Cost Ctr Project CAT4	
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Sub-Total \$ -



Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 04-05-23

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 Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	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 CAT-	Т4
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Sub-Total \$

Office of the Mayo	or (Official Events & Duties)	In-Region Mileage CI	aim based on Chart			e Claim (or In-Region, mileage)	One Way /Return	Claim-	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	5 1221	1222	1222		ACCT	Cost Ctr CAT3	CAT4
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Sub-Total \$ -



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Do not enter in "Grey" ce	

Name:

Councillor MacKay

Date Submitted 04-05-23 Month April Year 2023

Operating Supplie	// Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total		Gl	L Coding		
Date (DD/MM/YY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type	
26-04-23	Home Internet - Shaw	70.00)	6404 1010	516109 N/A	Mobile Devi	ice Cha

Sub-Total

\$ 70.00

BMO MasterCard I		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
03-04-23	Business@Breakfast Refund					- 25.00		- 25.00
20-04-23	UDI Luncheon Registration					74.09		74.09
20-04-23	Tri-Region Mayor's Golf Tournament Registration					262.50		262.50
26-04-23	Chamber Golf Tournament Registration					183.75		183.75
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Sub-Total

\$ 495.34

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Select From List Do not enter in "Grey" cells

Name: Councillor MacKay Date Submitted 04-05-23 2023

1	xpenses Paid Di	ectly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
	ate (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 565.34 Less: BMO MasterCard 495.34 Less: Expenses Paid Net to be paid to Councillor MacKay 70.00



Name:

Councillor MacKay

Council Member Monthly Expense Claim Form

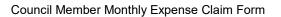
Select From List Do not enter in "Grey" cells

Date Submitted 04-05-23 M

onth April

2023

Authorizations & Approvals	Councille	or MacKay	April	2023
	Councille	л шислау	Shiii	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	te time of submission.			
Asherth				
Preparer's Signature	Date (DD/MM/YY)			
Council Member Locatify that the expenditures daimed on this form were incurred while conducting business on behalf of the Ci was completed by another individual. All applicable receipts have been attached. K MacKay K MacKay (Jun 22, 2023 08:36 MDT)	y 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/MM/YY)			
Accounts Payable				
I have reviewed this claim for mathematical accuracy and documentation support.				
Yukiko Shionoya (Jun 22, 2023 99-31 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 pr	ovided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
Anne Victoor (Jun 22, 2023 11:52 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 pr	ovided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement			
AH-CIC				
City Manager Signature	Date (DD/MM/YY)			
P:\Mayor's Office\Expenses - F00\2023\4 - April\MacKay\[Cllr MacKay Council Expense Claim Form - April 202	3.xlsm Claim Form			





Select From List Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 22/06/23 Month May Year 2023

General Council Related Business	In-Region Mileage C	laim based on Chart	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Miles	age Claim (or In-Region, ic 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 Coo	ling
Date (DD/MM/YY) Nature of Event/Meeting	From	То			From	То	CAT7_		1220	1220	1225	5 1226	1221	1222	2 1222	!	ACCT	Cost Ctr Pi	AT 2 roject CAT4
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Sub-Total \$ -

Professional Dev		In-Region Mileage C			Out-of-Region Mileag	e Claim (or In-Region, mileage)	One Way	Mileage Claim- Specific	Mileage Amount @ 0.505/km	Other Transportation & Parking *	Accommodations * A	Airfare* Me	G F	Conference or Course Registration Event Ticket	General Expenses *	Total		GL Co	oding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То		From	То	CAT7_		1221			1226	1227	1225	1224		ACCT		CAT 2 Project CAT4	
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Name:

Councillor MacKay

Date Submitted

Month

22/06/23

May Year

2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	aim based on Chart	Way		Out-of-Region Mileage	e Claim (or In-Region, mileage)	One Way	Claim-	Amount @		Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		G	SL Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT	Cost Ct	CAT 2 r Project	CAT4
29/05/23	FCM 2023	St. Albert	EIA	Return	104.00					52.52	125.00	1,535.61		146.94			1,860.07	6100	1010	516109	
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Sub-Total

\$ 1,860.07

Office of the Mayor (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart			age Claim (or In-Region,		Claim-	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Registration /Event Ticket *	General Expenses * 1	Гotal		GL Cod	ing	
Date (DD/MM/YY) Nature of Event/Meeting	From	То	_	From	То	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT	Cost Ctr CAT	3 CAT4	
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Sub-Total

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Select
From List

Do not
enter in
"Grey" cells

Name:

Councillor MacKay

Date Submitted 22/06/23 Month May Year 2023

Operating Supp	ies/Telephone/Internet/Sponsorships Mobile Device (Max \$55/Mo	nth) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)	Total		GL Coding	
Date (DD/MM/Y)	Detailed Description			ACCT Cost	CAT 2 Ctr Project CAT7	Expense Type
26/05/2	3 Home Internet - Shaw		70.00	6404 1010	516109 N/A	Mobile Device Charg

Sub-Total \$ 70.00

BMO MasterCard E	Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Registration /Event Ticket *	General Expenses * To	otal
Date (DD/MM/YY)							
16/05/23	Flights - FCM			586.86			586.86
19/05/23	Baggage - FCM			88.20			88.20
23/05/23	Strathcona County Mayor's Golf Classic Registration				900.00		900.00
23/05/23	UDI Luncheon Registration				74.09		74.09
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Sub-Total \$ 1,649.15

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Name:

Councillor MacKay

22/06/23 2023 Date Submitted Month Year

Expenses Paid Dir	ectly 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 \$ 3,579.22 Less: BMO MasterCard 1,649.15 Less: Expenses Paid Net to be paid to: Councillor MacKay \$ 1,930.07



Date Submitted

22/06/23

Select From List Do not enter in "Grey" cells

2023

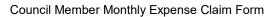
Name: Councillor MacKay

Councillor MacKay 2023 Authorizations & Approvals May 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. Attended 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 was completed by another individual. All applicable receipts have been attached.

K Mac Kay

K Mac Kay (Jun 22, 2023 19:44 MDT) Council Member's Signature Date (DD/MM/YY) Accounts Payable I have reviewed this claim for mathematical accuracy and documentation support. Yukiko Shionoya
Yukiko Shionoya (Jun 26, 2023 08:26 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 a vie ne Victoor (Jun 26, 2023 08:38 MDT) Director - Financial & Strategic Services Signature Date (DD/MM/YY) Chief Administrative Officer (City Manager) e reviewed this plain 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\5 - May\MacKay\[Cllr MacKay Council Expense Claim Form - May 2023.xlsm]Claim Form





Select From List Do not enter in "Grey" cells

2023

Councillor MacKay Name:

Date Submitted 20/07/23 Month June Year

eneral 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- specific mileage)	Region. One Wa	Mileage Claim y km's- Specific	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total		GL C	oding
ate (DD/MM/YY) Nature of Event/Meeting	From	То			From To	CAT7_		1220	1220	1225	1226	1221	1222	2 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	
21/06/23 Chamber Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00				20.20							20.20	6140	1010 5	16109
28/06/23 Meeting w/Cllr Rutherford	St. Albert	Edmonton-East	Return	44.00				22.22							22.22	6140	1010 5	16109
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Professional Dev	elopment	In-Region Mileage Cl	laim 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*	Meals *	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		ACCT	CAT 2 Cost Ctr Project CAT4
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Sub-Total



Select From List Do not enter in "Grey" cells

Name:

Councillor MacKay

Date Submitted

20/07/23 Month

June Year

2023

AUMA or FCM Co	nvention or Board Expenses	In-Region Mileage Cl	laim based on Chart	Way		Out-of-Region Mileag		One Way	Amount @	Other Transportation & Parking *	Accommodations *	Airfare*		Conference or Course Registration /Event Ticket *	General Expenses *	Total		GI	L Coding	
Date (DD/MM/YY)	Nature of Event/Meeting	From	То			From	То	CAT7_	1221	122	1 1222	1226	1227	1225	1224	1	ACCT	Cost Ctr	CAT 2 Project C	CAT4
22/06/23	ABMunis Summer Municipal Leaders' Caucus	St. Albert	Spruce Grove	Return	58.00				29.29							29.29	6100	1010	516109 A	A8 AUMA
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Sub-Total

\$ 29.29

Office of the Mayor (Official Events & Duties)	In-Region Mileage Cl	aim based on Chart	One Way /Return		age Claim (or In-Region, c mileage)		Mileage Claim- Specific		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		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 MacKay

Date Submitted 20/07/23 Month June 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	GL Coding	
Date (DD/MM/YY)	Detailed Description				Expense Type
26/06/23	Home Internet - Shaw		70.00	6404 1010 516109 N/A	Mobile Device Charg

Sub-Total \$ 70.00

BMO MasterCard Expenses	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses * Total
Date (DD/MM/YY)						
01/06/23 ABMunis Summer MLC Registration					110.25	110.25
05/06/23 EMRB Golf Tournament refund					- 204.75	- 204.75
05/06/23 EMRB Golf Tournament registration					204.75	204.75
28/06/23 Chamber BBQ Lunch in the Park registration					21.00	21.00
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Sub-Total \$ 131.25

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Select From List Do not enter in "Grey" cells

Name:

Councillor MacKay

20/07/23 2023 Date Submitted Month June Year

Expenses Paid [irectly 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**

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

Grand Total Expenses 288.11 Less: BMO MasterCard 131.25 -\$ Less: Expenses Paid Net to be paid to: Councillor MacKay 156.86



Date Submitted

20/07/23



2023

Name: Councillor MacKay

Councillor MacKay 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. AttendAC 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 was completed by another individual. All applicable receipts have been attached.

K Mac Kay

K Mac Kay (Jul 22, 2023 13:06 MDT) Council Member's Signature Date (DD/MM/YY) Accounts Payable have reviewed this claim for mathematical accuracy and documentation support. Yukiko Shionoya 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 Diane McMordie Date (DD/MM/YY) City Manager Signature

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