



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16-11-23

Month: October 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 @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding					
		From	To			From	To												CAT7	1220	1225	1226	1221	1222
05-10-23	Annual Meeting - Library Board									-				100.00				100.00	6005	1010	516104			
26-10-23	Celebrating Resiliency - DM Event									-				50.00				50.00	6005	1010	516104			
										-								-						
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										-								-						
										-								-						
Sub-Total																					\$ 150.00			

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*	Per Diems*	Meals *	Commence or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding					
		From	To			From	To												CAT7	1221	1221	1222	1226	1216
										-								-						
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										-								-						
Sub-Total																					\$ -			



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16-11-23

Month: October 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*	Per Diems*	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	1216	1227	1225	1224		ACCT Cost Ctr 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*	Per Diems*	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	1227	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: Councillor Brodhead

Date Submitted 16-11-23

Month October 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			
18-10-23	Home Internet - Shaw/Rogers			70.00	6404	1010	516104	N/A	Mobile Dev
25-10-23	Mobile Device - Bell Mobility			55.00		1010	516104	N/A	Mobile Dev
<b>Sub-Total</b>				<b>\$ 125.00</b>					

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description								
10-10-23	EMRB Housing Symposium Registration						54.48		54.48
11-10-23	BEW Breakfast Registration						20.00		20.00
11-10-23	BEW Rotary Breakfast Registration						30.00		30.00
11-10-23	Business Excellence Awards Registration						65.00		65.00
11-10-23	Housing Society Luncheon Registration						52.45		52.45
13-10-23	BEW Rotary Breakfast Registration Refund (duplicate charge)						- 15.00		- 15.00
									-
									-
									-
<b>Sub-Total</b>									<b>\$ 206.93</b>



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16-11-23

Month: October Year: 2023

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	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. 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)
- 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.
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed
- Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
- Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$ 481.93
Less: BMO MasterCard	-\$ 206.93
Less: Expenses Paid	\$ -
<b>Net to be paid to: Councillor Brodhead</b>	<b>\$ 275.00</b>



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

#### Authorizations & Approvals

Councillor Brodhead

October

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

Nov 16, 2023  
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.

Wes Brodhead  
[Wes Brodhead \(Nov 17, 2023 09:27 MST\)](#)  
Council Member's Signature

Nov 17, 2023  
Date (DD/MM/YY)

#### Accounts Payable

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

Lynda Lavallee  
[Lynda Lavallee \(Nov 20, 2023 08:37 MST\)](#)  
Accounts Payable Personnel Signature

Nov 20, 2023  
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  
[Anne Victor \(Nov 20, 2023 09:39 MST\)](#)  
Director - Financial & Strategic Services Signature

Nov 20, 2023  
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

Nov 20, 2023  
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 @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	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
01/11/23	Chamber Luncheon	St. Albert	Sturgeon (County)	Return	40.00					24.80								24.80	6140	1010	516104		
02/11/23	EMRB Housing Symposium	St. Albert	Edmonton-Downtown	Return	30.00					18.60	15.00							33.60	6140	1010	516104		
02/11/23	EMRB Housing Symposium									-			200.00					200.00	6005	1010	516104		
03/11/23	SACHS Remembrance Day Service - DM Event									-				50.00				50.00	6005	1010	516104		
06/11/23	Waste to Energy Report	St. Albert	Edmonton-Downtown	Return						-					32.62			32.62	6140	1010	516104		
06/11/23	Waste to Energy Report									-			100.00					100.00	6005	1010	516104		
11/11/23	CUTA Fall Conference & Trade Show - Executive Meetings	St. Albert	Edmonton-Downtown	Return	30.00					18.60	6.00							24.60	6140	1010	516104		
11/11/23	CUTA Fall Conference & Trade Show - Executive Meetings									-			200.00					200.00	6005	1010	516104		
12/11/23	CUTA Fall Conference & Trade Show - Annual Board Meetings	St. Albert	Edmonton-Downtown	Return	30.00					18.60	3.00							21.60	6140	1010	516104		
12/11/23	CUTA Fall Conference & Trade Show - Annual Board Meetings									-			200.00					200.00	6005	1010	516104		
13/11/23	CUTA Fall Conference & Trade Show - Conference	St. Albert	Edmonton-Downtown	Return	30.00					18.60	27.50				28.30			74.40	6140	1010	516104		
13/11/23	CUTA Fall Conference & Trade Show - Conference									-			200.00					200.00	6005	1010	516104		
14/11/23	CUTA Fall Conference & Trade Show - Conference	St. Albert	Edmonton-Downtown	Return	30.00					18.60	3.00							21.60	6140	1010	516104		
14/11/23	CUTA Fall Conference & Trade Show - Conference									-			100.00					100.00	6005	1010	516104		
15/11/23	CUTA Fall Conference & Trade Show - Conference	St. Albert	Edmonton-Downtown	Return	30.00					18.60	12.50							31.10	6140	1010	516104		
15/11/23	CUTA Fall Conference & Trade Show - Conference									-			100.00					100.00	6005	1010	516104		
20/11/23	Fire Services Graduation - DM Event									-				50.00				50.00	6005	1010	516104		
23/11/23	NAIT Government MLA Reception/EMRB Mayor's Mixer - DM Event	St. Albert	Edmonton-Kingsway	Return	26.00					16.12								16.12	6140	1010	516104		
23/11/23	NAIT Government MLA Reception/EMRB Mayor's Mixer - DM Event									-			50.00					50.00	6005	1010	516104		
24/11/23	Crumb Cookie Grand Opening - DM Event									-			50.00					50.00	6005	1010	516104		
24/11/23	RCMP Incident Command Post Tour									-			100.00					100.00	6005	1010	516104		
										-								-					
										-								-					
										-								-					
Sub-Total																					\$ 1,680.44		

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*	Per Diems*	Meals *	Conference or Course Registration/Event Ticket *	General Expenses *	Total	GL Coding			
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Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

Date (DD/MM/YY)	Nature of Event/Meeting	From	To		From	To	CAT7	1221	1221	1222	1226	1216	1227	1225	1224
								-							
								-							
								-							
								-							
								-							
								-							

ACCT Cost Ctr CAT 2 Project CAT4

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*	Per Diems*	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	1216	1227	1225	1224		ACCT	Cost Ctr	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*	Per Diems*	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	1227	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: Councillor Brodhead

Date Submitted 13/12/23

Month November 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					
18/11/23	Home Internet - Shaw/Rogers					70.00	6404	1010	516104	N/A	Mobile Dev
25/11/23	Mobile Device - Bell					55.00		1010	516104	N/A	Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration/Event Ticket *	General Expenses *	Total
29/11/23	SCHF Gala Registration						641.66		641.66
30/11/23	UDI Luncheon Registration						74.09		74.09
									-
									-
									-
									-
									-
									-

Sub-Total \$ 715.75



### 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*	Per Diems*	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. 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)
- 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.
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed
- Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
- Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$ 2,521.19
Less: BMO MasterCard	-\$ 715.75
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Brodhead	<u>\$ 1,805.44</u>



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

#### Authorizations & Approvals

Councillor Brodhead

November

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

Dec 13, 2023

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.

*Wes Brodhead*  
Council Member's Signature

Dec 14, 2023

Date (DD/MM/YY)

##### Accounts Payable

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

*Lynda Lavallee*  
Accounts Payable Personnel Signature

Dec 14, 2023

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]*  
Director - Financial & Strategic Services Signature

Dec 14, 2023

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

Dec 14, 2023

Date (DD/MM/YY)



# Council Per Diem Claim Report

<b>Name:</b> Councillor Brodhead	<b>Month:</b> November	<b>Year:</b> 2023
----------------------------------	------------------------	-------------------

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2023-11-02	EMRB Regional Housing Symposium	8	Full Day	\$ 200.00
2023-11-03	Remebrance Day Event - SACHS		DM Event	\$ 50.00
2023-11-06	Waste to Energy Report - Sturgeon County Hosted	2	Half Day	\$ 100.00
2023-11-11	CUTA Fall Conference and Trade Show - Executive Meeting	8	Full Day	\$ 200.00
2023-11-12	CUTA Fall Conference and Trade Show - Annual Board Meet	8	Full Day	\$ 200.00
2023-11-13	CUTA Fall Conference and Trade Show - Conference	8	Full Day	\$ 200.00
2023-11-14	CUTA Fall Conference and Trade Show - Conference	4	Half Day	\$ 100.00
2023-11-15	CUTA Fall Conference and Trade Show - Conference	4	Half Day	\$ 100.00
2023-11-20	Fire Service Graduation		DM Event	\$ 50.00
2023-11-23	NAIT Government MLA Reception/EMRB Mayor's Mixer		DM Event	\$ 50.00
2023-11-24	Crumbl Cookie - Opening		DM Event	\$ 50.00
2023-11-24	RCMP Incident Command Post tour	1	Half Day	\$ 100.00
				\$ -
				\$ -
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				\$ -

**Total Per Diem Claim: \$ 1,400.00**

Full Day Events:	4
Half Day Events:	4
DM Events:	4

Wes Brodhead      Dec 14, 2023  
Wes Brodhead (Dec 14, 2023 08:42 MST)  
**Authorized By**      **Date**



### Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 09-01-24

Month: December 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 @ 0.62/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding					
		From	To			From	To												CAT7	1220	1225	1226	1221	1222
03-12-23	Grand Opening Quaintrelle Collective - DM									-					50.00			50.00	6005	1010	516104			
05-12-23	St. Albert Community Foundation Celebration of Philanthropy - DM									-					50.00			50.00	6005	1010	516104			
14-12-23	Grand Opening Tatu Le Toa - DM									-					50.00			50.00	6005	1010	516104			
18-12-23	Internal Audit Steering Committee									-					100.00			100.00	6005	1010	516104			
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Sub-Total																					\$ 250.00			

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*	Per Diems*	Meals *	Commerence or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding					
		From	To			From	To												CAT7	1221	1221	1222	1226	1216
										-								-						
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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:

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*	Per Diems*	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	1216	1227	1225	1224		ACCT Cost Ctr 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*	Per Diems*	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	1227	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		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)						
18-12-23	Home Internet - Shaw/Rogers	70.00	6404	1010	516104 N/A	Mobile Dev
25-12-23	Mobile Device - Bell	55.00		1010	516104 N/A	Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
06-12-23	Staples - Office supplies							205.62	205.62
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 205.62





Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 09-01-24

Month: December Year: 2023

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	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. 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)
- 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.
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed
- Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of \$100 for less than or equal to 4 hours, or \$200 for greater than 4 hours.
- Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	\$	580.62
Less: BMO MasterCard	-\$	205.62
Less: Expenses Paid	\$	-
Net to be paid to: Councillor Brodhead	\$	375.00



### Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month:  Year:

#### Authorizations & Approvals

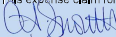
Councillor Brodhead

December

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

Jan 9, 2024  
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.

Wes Brodhead  
Wes Brodhead (Jan 9, 2024 20:37 MST)  
Council Member's Signature

Jan 9, 2024  
Date (DD/MM/YY)

#### Accounts Payable

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

Lynda Lavallee  
Lynda Lavallee (Jan 10, 2024 08:00 MST)  
Accounts Payable Personnel Signature

Jan 10, 2024  
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  
Anne Victor (Jan 10, 2024 09:17 MST)  
Director - Financial & Strategic Services Signature

Jan 10, 2024  
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

Jan 10, 2024  
Date (DD/MM/YY)

