



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/24

Month: October Year: 2023

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)						
01/10/23	Home Internet - Shaw	70.00	#N/A	1010	516112	N/A
21/10/23	Mobile Device - Telus	50.00		1010	516112	N/A

Sub-Total \$ 120.00

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	Housing Society Luncheon Registration						52.45		52.45
10/10/23	UDI Luncheon Registration						74.09		74.09
22/10/23	13 Ways Conference		1,680.80						1,680.80
29/10/23	ARPA Conference		1,015.49						1,015.49
									-
									-
									-
									-

Sub-Total \$ 2,822.83



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/24

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	\$ 4,232.27
Less: BMO MasterCard Directly	-\$ 2,822.83
Net to be paid to: Mayor Heron	\$ 1,409.44



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/24

Month: October Year: 2023

Authorizations & Approvals

Mayor Heron

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

Jan 8, 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.

Council Member's Signature

Jan 8, 2024
Date (DD/MM/YY)

Accounts Payable

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

Accounts Payable Personnel Signature

Jan 8, 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

Director - Financial & Strategic Services Signature

Jan 8, 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

City Manager Signature

Jan 8, 2024
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

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Name: Mayor Heron

Date Submitted: 09/01/24

Month: November 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				
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7												ACCT	Cost Ctr	Project	CAT4
01/11/23	MCMC Advocacy Days	St. Albert	Edmonton-Downtown	One Way	15.00					9.30	11.00	223.10						243.40	6140	1010	516112		
02/11/23	EMRB Housing Symposium & Edmonton Global Forward/Slash	Edmonton-Downtown	St. Albert	One Way	15.00					9.30								9.30	6140	1010	516112		
06/11/23	Mayor/CAO Regional Transit Update & Waste to Resource Update									-					29.54			29.54	6140	1010	516112		
07/11/23	RMA Fall Convention	St. Albert	Edmonton-Downtown	Return	30.00					18.60	10.34							28.94	6140	1010	516112		
										-								-					
08/11/23	RMA Fall Convention	St. Albert	Edmonton-Downtown	Return	30.00					18.60	15.00							33.60	6140	1010	516112		
09/11/23	RMA Fall Convention & FairFarm International Reception	St. Albert	Edmonton-Downtown	Return	30.00					18.60								18.60	6140	1010	516112		
16/11/23	EMRB Committee of the Whole Meeting	St. Albert	Edmonton-Downtown	Return	30.00					18.60								18.60	6140	1010	516112		
18/11/23	UDI Spirit Awards	St. Albert	Edmonton-Downtown	Return	30.00					18.60	10.50							29.10	6140	1010	516112		
20/11/23	FCM Advocacy Days	St. Albert	EIA	One Way	52.00					32.24	8.25							40.49	6140	1010	516112		
23/11/23	FCM Advocacy Days									-					72.68			72.68	6140	1010	516112		
24/11/23	FCM Advocacy Days	EIA	St. Albert	One Way	52.00					32.24	130.00							162.24	6140	1010	516112		
										-								-					
Sub-Total																				\$ 686.49			

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				
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7												ACCT	Cost Ctr	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

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Name: Mayor Heron

Date Submitted 09/01/24

Month November Year 2023

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)						
01/11/23	Home Internet - Shaw	70.00	#N/A	1010	516112	N/A
21/11/23	Mobile Device - Telus	55.00		1010	516112	N/A

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration/Event Ticket *	General Expenses *	Total
07/11/23	Charmed Floral Design							99.75	99.75
24/11/23	Fairmont Chateau Laurier - FCM Advocacy Days		1,667.08						1,667.08
									-
									-
									-
									-
									-
									-

Sub-Total \$ 1,766.83



Council Member Monthly Expense Claim Form

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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:

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- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
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Grand Total Expenses	\$ 2,578.32
Less: BMO MasterCard	-\$ 1,766.83
Less: Expenses Paid	\$ -
Net to be paid to: Mayor Heron	\$ 811.49



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year:

Authorizations & Approvals

Mayor Heron

November

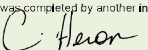
2023

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.


Preparer's Signature

Jan 9, 2024

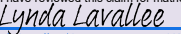
Date (DD/MM/YY)

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.


Council Member's Signature

Jan 9, 2024


Date (DD/MM/YY)

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


Accounts Payable Personnel Signature

Jan 10, 2024

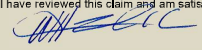
Date (DD/MM/YY)

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.


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.


City Manager Signature

Jan 10, 2024

Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/24

Month: December Year: 2023

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)						
01/12/23	Home Internet - Shaw	70.00	#N/A	1010	516112	N/A
21/12/23	Mobile Device - Telus	55.00		1010	516112	N/A

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)	Description								
28/12/23	Fairmont Chateau Whistler - ICSC		1,611.24						1,611.24
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 1,611.24



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/24

Month December Year

2023

Authorizations & Approvals

Mayor Heron

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 [Signature] Date (DD/MM/YY) Jan 8, 2024

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 [Signature] Date (DD/MM/YY) Jan 8, 2024

Accounts Payable

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

Accounts Payable Personnel Signature [Signature] Date (DD/MM/YY) Jan 8, 2024

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 [Signature] Date (DD/MM/YY) Jan 8, 2024

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 [Signature] Date (DD/MM/YY) Jan 8, 2024