



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hansen

Date Submitted: 07/11/18 Month: October Year: 2018

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
										-							-			
										-							-			
										-							-			
										-							-			

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
										-							-			
										-							-			
										-							-			
										-							-			

Sub-Total \$ -



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Date Submitted 07/11/18 Month October Year 2018

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)						
10/10/18	Telus Mobility - Councillor Mobile Device	55.00		6404 1010	516110 N/A	Mobile Device Charge
17/10/18	Shaw Cable - Councillor Home Office Internet	70.00		6404 1010	516110 N/A	Office/Operating Supp

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
10/01/18	Ramada Inn & Suites - AUMA Accomodations		441.42					441.42

Sub-Total \$ 441.42



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Name: Councillor Hansen

Date Submitted 07/11/18

Month October Year

2018

10/10/2018	Agenda Committee	
11/10/2018	Edmonton Metropolitan Region Board Meeting	
11/10/2018	Edmonton Global Mid-Year Shareholder	
15/10/2018	Nominating Committee	
16/10/2018	Agenda Committee	
17/10/2018	Sturgeon River Watershed Alliance Steering Committee	
23/10/2018	Agenda Committee	
23/10/2018	Community Services Advisory Board	
30/10/2018	Agenda Committee	
31/10/2018	Intermunicipal Affairs Committee Meeting	



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Name: Councillor Hansen

Date Submitted 07/11/18 Month October Year 2018

Authorizations & Approvals Councillor Hansen October 2018

Preparer: [Redacted] Council Member, sign and date below
[Redacted] all information provided by the Council Member at the time of submission.
09/11/18
Date (DD/MM/YY)

Council Member: [Redacted] 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
[Redacted] ve been attached.
09/11/18
Date (DD/MM/YY)

Accounts Payable: [Redacted]
14/11/18
Date (DD/MM/YY)

Chief Financial Officer: [Redacted] information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement
14/11/18
Date (DD/MM/YY)

Chief Administrative Officer (City Manager): [Redacted] information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement
27/11/18
Date (DD/MM/YY)



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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)						
10/11/18	Telus Mobility - Councillor Mobile Device	55.00	6404 1010	516110	N/A		Mobile Device Charge
17/11/18	Shaw Cable - Councillor Home Office Internet	70.00	6404 1010	516110	N/A		Office/Operating Supr

Sub-Total \$ 125.00

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

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name: **Councillor Hansen**

Date Submitted: **17/12/18** Month: **November** Year: **2018**

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	\$ 207.42
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to Councillor Hansen	\$ 207.42

Training and Development Activities	
Activity Name	Description of Activity Content and any learning/information worth sharing
05/11/2018	Alternate Capital Finance Training
09/11/2018	Council Training - Photo Enforcement and Traffic Engineering
30/11/2018	Advocacy Training Workshop

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)		
Date of Meeting	Updates	
01/11/2018	Board Appreciation - Policing Committee	
14/11/2018	Board Appreciation - Internal Auditor Committee Meeting	
17/11/2018	Interview Board and Committee Applicants for Committees of Council	



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Name:

Date Submitted

Month

Year

20/11/2018	Community Services Advisory Committee	



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Name: Councillor Hansen

Date Submitted: 17/12/18

Month: November Year: 2018

Authorizations & Approvals

Councillor Hansen

November

2018

Preparer

If Council Member, sign and date below information provided by the Council Member at the time of submission.

17/12/18
Date (DD/MM/YY)

Council Member

I certify that the information provided is true and correct and that I am acting in the best interests 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 signed by another person.

17/12/2018
Date (DD/MM/YY)

Accounts Payable

If the information provided is true and correct, I authorize the City of St. Albert to pay the amount claimed to the person named below. I understand that the City of St. Albert is not responsible for any errors or omissions on this form.

19/12/2018
Date (DD/MM/YY)

Chief Financial Officer

I certify that the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement.

Dec 19/18
Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

I certify that the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement.

20/12/18
Date (DD/MM/YY)