



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: **Councillor MacKay**

Date Submitted: **02/01/19** Month: **December** 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 Project CAT4 A8 AUMA
										-									
										-									
										-									
										-									

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 CAT3 CAT4
										-									
										-									
										-									
										-									

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name: **Councillor MacKay**

Date Submitted **02/01/19**

Month **December** Year **2018**

Operating Supplies/Telephone/Internet/Sponsorships		Total
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)		Total
Date (DD/MM/YY)	Detailed Description	
26/12/18	Home Office Internet	70.00

GL Coding				Expense Type
ACCT	Cost Ctr	CAT 2 Project	CAT7	
6404	1010	516109	N/A	Mobile Device Charge
6404				Office/Operating Supp

Sub-Total \$ 70.00

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

Sub-Total \$ -



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Name:

Councillor MacKay

Date Submitted

02/01/19

Month

December

Year

2018



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Name: Councillor MacKay

Date Submitted: 02/01/19

Month: December Year: 2018

Authorizations & Approvals

Councillor MacKay

December

2018

Preparer

I, [Redacted], Council Member, sign and date below the information provided by the Council Member at the time of submission.

02/01/19
Date (DD/MM/YY)

Council Member

I, [Redacted], 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 has not been attached.

02/01/2019
Date (DD/MM/YY)

Accounts Payable

I, [Redacted], require [Redacted] information support.

D. Parsons JAN 04 2019
Date (DD/MM/YY)

Chief Financial Officer

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

Jan 7/19
Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

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

09/01/17
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

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Name: **Councillor MacKay**

Date Submitted: **13/12/18** Month: **November** 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	Project	CAT4	
										-							-					
										-							-					
										-							-					
										-							-					
										-							-					
Sub-Total																	\$	-				

A8 AUMA

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	CAT3	CAT4	
										-							-					
										-							-					
										-							-					
										-							-					
										-							-					
Sub-Total																	\$	-				



Council Member Monthly Expense Claim Form

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Name: **Councillor MacKay**

Date Submitted: **13/12/18** Month: **November** 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)					
26/11/18	Home Office Internet	70.00	6404 1010	516109	N/A	Mobile Device Charge
			6404			Office/Operating Supp

Sub-Total \$ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
10/16/18	Event Ticket - 9th Annual Home-style Breakfast Benefit					51.29		51.29
10/16/18	Event Ticket - Stop Abuse in Families Red Shoe Gala 2018					105.09		105.09
10/31/18	Event Ticket - November 2018 Luncheon UDI Edmonton Region					54.97		54.97
11/02/18	Event Ticket - Collaborative Innovation - Mayor John Stewart's Breakfast					40.06		40.06
								-
								-
								-
								-
								-

Sub-Total \$ 251.41



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Name: **Councillor MacKay**

Date Submitted: **13/12/18** 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	\$	408.17
Less: BMO MasterCard	-\$	251.41
Less: Expenses Paid	\$	-
Net to be paid to Councillor MacKay	\$	156.76

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	Photo Enforcement and Traffic Engineering
30/11/2018	Advocacy Training Workshop AUMA SAFE & HEALTHY COMMUNITIES COMMITTEE <i>[Signature]</i>
Board, Committee, Agency meetings attended (includes both Council appointed and other approved committees)	
Date of Meeting	Updates
01/11/2018	Board Appreciation - Policing Committee
17/11/2018	Board/Committees of Council Interviews 2018 Forward Appointments
21/11/2018	Library Board Meeting



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Name: Councillor MacKay

Date Submitted 13/12/18

Month November Year

2018

Authorizations & Approvals

Councillor MacKay

November

2018

Preparer

I, [Redacted] Council Member, sign and date below all information provided by the Council Member at the time of submission.

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

Council Member

I have read and understand the terms and conditions of this claim and 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

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

Accounts Payable

D. Parsons DEC 19 2018

Date (DD/MM/YY)

Chief Financial Officer

I have read and understand the terms and conditions of this claim and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

02/01/19
Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

I have read and understand the terms and conditions of this claim and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

09/01/19
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List

 Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 08/11/18 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	Project CAT4
Sub-Total																	\$	-		

A8 AUMA

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	CAT3	CAT4
Sub-Total																	\$	-			



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Name: **Councillor MacKay**

Date Submitted: **08/11/18** Month: **October** Year: **2018**

Operating Supplies/Telephone/Internet/Sponsorships		Total
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month) Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)		
Date (DD/MM/YY)	Detailed Description	Total
26/08/18	Home Office Internet	70.00

GL Coding					Expense Type
ACCT	Cost Ctr	CAT 2 Project	CAT7		
6404 1010	518109	N/A			Mobile Device Charge
6404					Office/Operating Supp

Sub-Total \$ **70.00**

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

Sub-Total \$ **441.42**



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Date Submitted 08/11/18

Month October

Year 2018



Council Member Monthly Expense Claim Form

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Name: Councillor MacKay

Date Submitted 08/11/18 Month October Year 2018

Authorizations & Approvals Councillor MacKay October 2018

Preparer: [Redacted] I certify that the information provided is true and correct. 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 has been attached. Date: 09/11/18

Council Member: [Redacted] I certify that the information provided is true and correct. 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 has been attached. Date: 09/11/18

Accounts Payable: [Redacted] I certify that the information provided is true and correct. 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 has been attached. Date: D. Parsons NOV 15 2018

Chief Financial Officer: [Redacted] I have reviewed the information and documentation provided and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement. Date: 19/11/18

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