















Council Member Monthly Expense Claim Form

v. Nov2025

Select From List
Do not enter in "Grey" cells

Name: Councillor Clark

Date Submitted 02/12/25 Month November Year 2025

Authorizations & Approvals

Councillor Clark November 2025

**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]* 2025-12-02  
Preparer's Signature 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.

*Sandra L. Clark* 2025-12-02  
Council Member's Signature Date (DD/MM/YY)

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

*justine ongkiko* 2025-12-03  
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 provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

*[Signature]* 2025-12-03  
Anne Victor (Dec 3, 2025 11:10:45 MST)  
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 provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

*[Signature]* 2025-12-03  
William Fletcher (Dec 3, 2025 11:44:34 MST)  
City Manager Signature Date (DD/MM/YY)









Council Member Monthly Expense Claim Form

v. Nov2025

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Name:

Councillor Clark

Date Submitted

02/01/26

Month

December

Year

2025

Sub-Total

\$ -





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v. Nov2025

Select From List
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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)									
02/12/25	Rileys - Business Cards							111.95	111.95
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 111.95

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	\$	507.90
Less: BMO MasterCard	-\$	395.95
Less: Expenses Paid	-\$	111.95
Net to be paid to: Councillor Clark	\$	-



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Name: Councillor Clark

Date Submitted 02/01/26

Month December Year 2025

Authorizations & Approvals

Councillor Clark

December

2025

**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]* 01/02/2026  
Preparer's Signature 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.  
*Sandra L. Clark* 01/04/2026  
Council Member's Signature Date (DD/MM/YY)

**Accounts Payable**  
I have reviewed this claim for mathematical accuracy and documentation support.  
*justino ongkiko* 01/05/2026  
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 provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement.  
*[Signature]* 01/05/2026  
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 provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement.  
*[Signature]* 01/05/2026  
City Manager Signature Date (DD/MM/YY)