











Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: October Year: 2025

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)						

Sub-Total \$ -

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Per Diems *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description								
22/10/25	Fairmont Jasper Park Lodge - RCA Conference (Cancellation Fee)		555.90						555.90
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 555.90





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Date Submitted: 08/01/26

Month: October Year: 2025

#### Authorizations & Approvals

Mayor Heron

October

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]*  
Preparer's Signature

01/08/2026  
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.

*[Signature]*  
Council Member's Signature

01/09/2026  
Date (DD/MM/YY)

##### Accounts Payable

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

*[Signature]*  
Accounts Payable Personal Signature

01/09/2026  
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]*  
Anne Victor (Jan 9, 2026 10:39:40 MST)  
Director - Financial & Strategic Services Signature

01/09/2026  
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]*  
William Fletcher (Jan 9, 2026 10:40:37 MST)  
City Manager Signature

01/09/2026  
Date (DD/MM/YY)