



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 27-05-25

Month April Year 2025

Sub-Total \$ 50.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 27-05-25

Month: April Year

2025

Authorizations & Approvals

Councillor Hughes

April

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

05/27/2025
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.
Sheena Hughes
Council Member's Signature (May 27, 2025 09:49 MDT)

05/27/2025
Date (DD/MM/YY)

Accounts Payable

I have reviewed this claim for mathematical accuracy and documentation support.
[Signature]
Accounts Payable Personnel Signature (May 27, 2025 10:16 MDT)

05/27/2025
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
Anne Victoor
Director - Financial & Strategic Services Signature (May 27, 2025 16:54 MDT)

05/27/2025
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
Diane McMoradie
City Manager Signature

05/27/2025
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
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Name: Councillor Hughes

Date Submitted 09/06/25 Month May 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)						
03/04/25	Home Internet - Shaw/Rogers	70,00	6404	1010	516106 N/A	Mobile Dev
13/05/25	Mobile Device - Virgin Mobile	55,00	6404	1010	516106 N/A	Mobile Dev

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)									-
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Name: Councillor Hughes

Date Submitted 09/06/25 Month May Year 2025

Expenses Paid Directly by the City (eg. Petty Cash)	Date (DD/MM/YY)	Other Transportation & Parking *	Accommodations *	Airfare *	Per Diems *	Meals *	Registration /Event Ticket *	General Expenses *	Total
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ -

Claim Reminders:

**** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses****

1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
3. 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)
4. 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.
5. Expense claims must be submitted within 10 days of the following month
6. Incomplete expense claims will not be processed
7. 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.
8. 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	\$ 225.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Hughes	\$ 225.00



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Do not enter in "Grey" cells

Name:

Date Submitted

Month Year

Authorizations & Approvals

Councillor Hughes May 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.

2025-06-09
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.

Sheena Hughes 2025-06-10
Council Member's Signature (Jun 10, 2025 10:32 MDT) Date (DD/MM/YY)

Accounts Payable

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

justine ongkiko 2025-06-10
Accounts Payable Personnel Signature (Jun 10, 2025 10:42 MDT) 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

2025-06-10
Anne Victoor (Jun 10, 2025 14:32 MDT) 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

2025-06-10
City Manager's Signature (Jun 10, 2025 14:33 MDT) Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Councillor Hughes

Date Submitted

02/07/25

Month

June

Year

2025

Sub-Total

\$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 02/07/25

Month: June Year: 2025

Authorizations & Approvals Councillor Hughes June 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] 07/02/2025
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.
Sheena Hughes 07/02/2025
Sheena Hughes (Jul 2, 2025 17:15 MDT)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Justine ongkiko 07/04/2025
Justine ongkiko (Jul 4, 2025 08:09 MDT)
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] 07/04/2025
Anne Victor (Jul 4, 2025 09:38 MDT)
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] 07/04/2025
William Fletcher (Jul 4, 2025 09:50 MDT)
City Manager Signature Date (DD/MM/YY)

