



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

Sub-Total

\$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 03-03-25 Month: February Year: 2025

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage)		One Way /Return	Mileage Claim km's-Specific	Mileage Amount @ 0.66/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
		From	To			From	To												CAT7_	1220	1220
05-02-25	NSWA Watershed Wednesday									-				100.00				100.00	6005	1010	516113
26-02-25	ADAC									-				100.00				100.00	6005	1010	516113
27-02-25	EAC									-				100.00				100.00	6005	1010	516113
										-								-			
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Sub-Total																					\$ 300.00

Professional Development		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 @ 0.66/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
		From	To			From	To												CAT7_	1221	1221
										-								-			
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Name: Councillor Biermanski

Date Submitted: 03-03-25 Month: February Year: 2025

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding				
Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)			ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
Date (DD/MM/YY)	Detailed Description						
11-02-25	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19-02-25	Home Internet - Telus	70.00	6404	1010	516113	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)									-
									-
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Sub-Total \$ -



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Name: Councillor Biermanski

Date Submitted: 03-03-25

Month: February Year: 2025

Authorizations & Approvals Councillor Biermanski February 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.

Mar 3, 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.

Shelley Biermanski Mar 3, 2025
 Council Member's Signature Date (DD/MM/YY)

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

Yukiko Shionoya Mar 5, 2025
 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

Anne Victoor Mar 6, 2025
 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

Mar 6, 2025
 City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 01-04-25 Month March Year 2025

General Council Related Business		In-Region Mileage Claim based on Chart		One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region specific mileage)		One Way /Return	Mileage Claim km's-Specific	Mileage Amount @ 0.66/km	Other Transportation & Parking *	Accommodations *	Airfare*	Councillor Per Diem*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding		
		From	To			From	To												CAT7	1220	1220
11-02-25	Policing Committee Annual Meeting w/Council (Missed on Feb claim)									-					100.00			100.00	6005	1010	516113
06-03-25	Jessie's Crowns Luncheon	St. Albert	Sturgeon (County)	Return	40.00					26.40								26.40	6140	1010	516113
20-03-25	SRWA									-					100.00			100.00	6005	1010	516113
20-03-25	EAC									-					100.00			100.00	6005	1010	516113
26-03-25	ADAC									-					100.00			100.00	6005	1010	516113
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Sub-Total																					\$ 426.40

Professional Development		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 @ 0.66/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diem*	Meals *	Conferences or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
		From	To			From	To												CAT7	1221	1221
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Name: Councillor Biermanski

Date Submitted 01-04-25

Month March Year 2025

Sub-Total \$ -



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Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year

Authorizations & Approvals

Councillor Biermanski

March

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.


Preparer's Signature

Apr 1, 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.

Shelley Biermanski
Shelley Biermanski (Apr 1, 2025 17:50 MDT)
Council Member's Signature

Apr 1, 2025
Date (DD/MM/YY)

Accounts Payable

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

Rukiko Shionoya
Rukiko Shionoya (Apr 3, 2025 11:33 MDT)
Accounts Payable Personnel Signature

Apr 3, 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
Anne Victoor (Apr 3, 2025 13:33 MDT)
Director - Financial & Strategic Services Signature

Apr 3, 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

William Fletcher
William Fletcher (Apr 3, 2025 15:04 MDT)
City Manager Signature

Apr 3, 2025
Date (DD/MM/YY)

