



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 Brodhead

Date Submitted: 06-02-25

Month: January Year: 2025

Authorizations & Approvals

Councillor Brodhead January 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] Feb 6, 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.
Wes Brodhead Feb 6, 2025
[Wes Brodhead \(Feb 6, 2025 15:50 MST\)](#)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
justine ongkiko Feb 6, 2025
[justine ongkiko \(Feb 6, 2025 15:58 MST\)](#)
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 Victor Feb 6, 2025
[Anne Victor \(Feb 6, 2025 16:07 MST\)](#)
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] Feb 6, 2025
[William Fletcher \(Feb 6, 2025 16:51 MST\)](#)
City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 06-03-25 Month February Year 2025

General Council Related Business		In-Region Mileage Claim based on Chart		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	1225	1226	1221
05-02-25	Emergency Management Advisory Committee								-				100.00				100.00	6005	1010	516104			
11-02-25	Annual Policing Committee Meeting with Council								-				100.00				100.00	6005	1010	516104			
28-02-25	School Boards Joint Advocacy Committee								-				100.00				100.00	6005	1010	516104			
27-02-25	CUTA Executive Committee								-				100.00				100.00	6005	1010	516104			
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Sub-Total																				\$ 400.00			

Professional Development		In-Region Mileage Claim based on Chart		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 *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
		From	To		From	To												CAT7_	1221	1221
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Council Member Monthly Expense Claim Form

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Name: Councillor Brodhead

Date Submitted: 06-03-25

Month: February Year: 2025

Authorizations & Approvals

Councillor Brodhead 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.
[Signature] Mar 6, 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.
Wes Brodhead Mar 6, 2025
Wes Brodhead (Mar 6, 2025 20:36 MST)
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
[Signature] Mar 10, 2025
Justine O'Leary (Mar 10, 2025 09:19 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.
Anne Victor Mar 10, 2025
Anne Victor (Mar 10, 2025 15:00 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] Mar 10, 2025
William Fletcher (Mar 10, 2025 15:01 MDT)
City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in 'Grey' cells

Name: Councillor Brodhead

Date Submitted 09/04/25

Month March Year 2025



Council Member Monthly Expense Claim Form

Select From List
Do not enter in 'Grey' cells

Name: Councillor Brodhead

Date Submitted: 09/04/25

Month: March Year: 2025

Authorizations & Approvals

Councillor Brodhead 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.

[Signature] Apr 9, 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.

Wes Brodhead Apr 9, 2025
Council Member's Signature Date (DD/MM/YY)

Accounts Payable

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

justine ongkiko Apr 10, 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 Victor Apr 10, 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

[Signature] Apr 10, 2025
City Manager Signature Date (DD/MM/YY)

