



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 04-02-25 Month: January 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		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226		1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4
08-01-25	YAC									-				100.00				100.00	6005	1010	516108
09-01-25	Dinner w/Hon. Dale Nally, MLA, Shane Getson, MLA									-				100.00				100.00	6005	1010	516108
13-01-25	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516108
14-01-25	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516108
23-01-25	Meeting w/Dana Mackie ABMunis	St. Albert	Edmonton-Downtown	Return	30.00					19.80								19.80	6140	1010	516108
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Sub-Total																					\$ 272.60

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 @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1216	1227	1225	1224		ACCT	Cost Ctr	CAT 2 Project CAT4
19-01-25	University of British Columbia - Identity and Intergroup Relations									-						1,135.00		1,135.00	6100	1010	516108 A5 Career Develop
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Name:

Date Submitted

Month Year

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Sub-Total \$ 1,135.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

Sub-Total

\$ 50.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 04-02-25

Month: January Year: 2025

Authorizations & Approvals Councillor Joly 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.

Feb 4, 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.

Feb 4, 2025
 Council Member's Signature Date (DD/MM/YY)

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

Feb 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

Feb 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

Feb 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:

Date Submitted:

Month: Year:

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Sub-Total \$ -



Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

Sub-Total

\$ 150.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year:

Authorizations & Approvals Councillor Joly 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.

Natalie Joly Mar 4, 2025
[Natalie Joly \(Mar 4, 2025 11:40 MST\)](#)
 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
[Yukiko Shionoya \(Mar 5, 2025 10:25 MST\)](#)
 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 Victoor Mar 5, 2025
[Anne Victoor \(Mar 5, 2025 11:47 MST\)](#)
 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

Mar 5, 2025
[William Fletcher \(Mar 5, 2025 11:51 MST\)](#)
 City Manager Signature Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

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	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 07/04/25 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 Diems*	Meals *	Registratio n /Event Ticket *	General Expenses *	Total	GL Coding		
Date (DD/MM/YY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226		1221	1222	1222		ACCT	Cost Ctr	CAT 2 Project CAT4
05/03/25	YAC									-				100.00				100.00	6005	1010	516108
20/03/25	State of the Region	St. Albert	Stony Plain	Return	74.00					48.84								48.84	6140	1010	516108
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Name: Councillor Joly

Date Submitted 07/04/25 Month March 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						
17/03/25	Home Internet - Telus	70.00	6404	1010	516108	N/A	Mobile Dev
27/03/25	Mobile Device - Telus	49.31	6404	1010	516108	N/A	Mobile Dev

Sub-Total \$ 119.31

BMO MasterCard Expenses									
Date (DD/MM/YY)	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	
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Sub-Total \$ -



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Name:

Councillor Joly

Date Submitted

07/04/25

Month

March

Year

2025



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Name:

Date Submitted:

Month: Year:

Authorizations & Approvals Councillor Joly 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.

Apr 7, 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.

Natalie Joly Apr 8, 2025
Natalie Joly (Apr 8, 2025 08:25 MDT)
Council Member's Signature Date (DD/MM/YY)

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

Apr 9, 2025
Yukiko Shionoya (Apr 9, 2025 11:54 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 Victoor Apr 9, 2025
Anne Victoor (Apr 9, 2025 12:32 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

Apr 9, 2025
William Fletcher (Apr 9, 2025 12:33 MDT)
City Manager Signature Date (DD/MM/YY)

