







### Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 05-02-25 Month: January Year: 2025

AUMA or FCM Convention or Board Expenses		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
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### 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:

Date Submitted:

Month:  Year

**Authorizations & Approvals** Councillor MacKay      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 5, 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.

*K MacKay* Feb 5, 2025  
K MacKay (Feb 5, 2025 10:18 MST)  
 Council Member's Signature Date (DD/MM/YY)

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

*Yukiko Shionoya* Feb 5, 2025  
Yukiko Shionoya (Feb 5, 2025 13:20 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* Feb 6, 2025  
Anne Victoor (Feb 6, 2025 08:23 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

Feb 6, 2025  
William Fletcher (Feb 6, 2025 08:35 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 MacKay

Date Submitted 10/03/25 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	1225	1226
11/02/25	Policing Committee									-				100.00				100.00	6005	1010	516109	
26/02/25	School Joint Advocacy Group meeting									-				100.00				100.00	6005	1010	516109	
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Sub-Total																						\$ 200.00

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	1222
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### Council Member Monthly Expense Claim Form

Select From List
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Name: Councillor MacKay

Date Submitted: 10/03/25 Month: February 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)						
26/02/25	Home Internet - Shaw/Rogers	70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total \$ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
19/02/25	State of the Region registration						159.00		159.00
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Sub-Total \$ 159.00





# Council Member Monthly Expense Claim Form

Select From List
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Name:

Date Submitted:

Month:

Year:

### Authorizations & Approvals

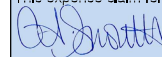
Councillor MacKay

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.

  
Preparer's Signature

Sep 24, 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.

  
Council Member's Signature

Sep 24, 2025  
Date (DD/MM/YY)

#### Accounts Payable

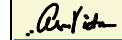
I have reviewed this claim for mathematical accuracy and documentation support.

  
Accounts Payable Personnel Signature

Sep 24, 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

  
Director - Financial & Strategic Services Signature

Sep 24, 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

  
City Manager Signature

Sep 24, 2025  
Date (DD/MM/YY)





### Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 09/04/25 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
11/03/25	Policing Committee									-				100.00				100.00	6005	1010	516109
15/03/25	BILD Awards	St. Albert	Edmonton-Downtown	Return	30.00					19.80								19.80	6140	1010	516109
20/03/25	State of the Region	St. Albert	Stony Plain	Return	74.00					48.84								48.84	6140	1010	516109
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Sub-Total																					\$ 168.64

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 Registratio n /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
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Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Councillor MacKay

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:

Date Submitted:

Month:  Year:

### Authorizations & Approvals

Councillor MacKay      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 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.

     May 1, 2025  
K MacKay (May 1, 2025 14:36 MDT)  
Council Member's Signature      Date (DD/MM/YY)

#### Accounts Payable

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

     May 2, 2025  
Yukiko Shionoya (May 2, 2025 10:55 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

     May 2, 2025  
Anne Victoor (May 2, 2025 12:03 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

     May 2, 2025  
William Fletcher (May 2, 2025 12:27 MDT)  
City Manager Signature      Date (DD/MM/YY)

