



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 13/05/25 Month January 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)						
21/01/25	Mobile Device - Telus	55,00	6404	1010	516112 N/A	Mobile Dev
19/01/25	Home Internet - Telus	70,00	6404	1010	516112 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)	Description								
09/01/25	Tandoori Fuzion - Council Dinner w/Minister Nally & MLA Getson					375,24			375,24
14/01/25	ABMunis Spring MLC Registration					393,75			393,75
22/01/25	RCA Conference Registration					250,00			250,00
28/01/25	ICSC Conference		989,72						989,72
									-
									-
									-
									-
									-
									-

Sub-Total \$ 2,008,71



Council Member Monthly Expense Claim Form

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Name: Mayor Heron

Date Submitted 13/05/25

Month January Year 2025

Authorizations & Approvals

Mayor Heron

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] Preparer's Signature

05/13/2025

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.

[Signature] Council Member's Signature

Date (DD/MM/YY)

Accounts Payable

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

[Signature] Accounts Payable Personnel Signature

Date (DD/MM/YY)

Director - Financial & Strategic Services

I have reviewed the details of the claim and confirmed 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] Director - Financial & Strategic Services Signature

Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

I have reviewed this claim and confirmed 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] City Manager Signature

Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 13/05/25 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)						
21/02/25	Mobile Device - Telus	55,00	6404	1010	516112 N/A	Mobile Dev
19/02/25	Home Internet - Telus	70,00	6404	1010	516112 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)	Description								
03/02/25	Taste of Africa Registration						20,00		20,00
19/02/25	State of the Region Registration						159,00		159,00
28/02/25	FCM Convention 2025 Flights			480,46					480,46
									-
									-
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									-
									-
									-
									-
									-

Sub-Total \$ 659,46



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 13/05/25

Month February Year 2025

Authorizations & Approvals

Mayor Heron

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]
Preparer's Signature

05/13/2025
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.

[Signature]
Council Member's Signature

05/14/2025
Date (DD/MM/YY)

Accounts Payable

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

[Signature]
Accounts Payable Personnel Signature

05/14/2025
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

[Signature]
Director - Financial & Strategic Services Signature

05/14/2025
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

[Signature]
City Manager Signature

05/14/2025
Date (DD/MM/YY)



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:

Month: Year:

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)						
21/03/25	Mobile Device - Telus	55.00	6404	1010	516112 N/A	Mobile Dev
19/03/25	Home Internet - Telus	70.00	6404	1010	516112 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)	Description								
11/03/25	FCM Convention 2025 Registration						1,372.95		1,372.95
21/03/25	Sherwood Park Mayor's Luncheon Registration						57.75		57.75
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 1,430.70



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 23/05/25

Month March Year 2025



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 23/05/25 Month: March Year: 2025

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

Sub-Total \$ -

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

- Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
- Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
- 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)
- 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.
- Expense claims must be submitted within 10 days of the following month
- Incomplete expense claims will not be processed
- 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.
- 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	\$ 1,830.22
Less: BMO MasterCard	-\$ 1,430.70
Less: Expenses Paid	\$ -
Net to be paid to: Mayor Heron	\$ 399.52



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 23/05/25

Month: March Year: 2025

Authorizations & Approvals

Mayor Heron

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]
Preparer's Signature

05/23/2025
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.

[Signature]
Council Member's Signature

05/26/2025
Date (DD/MM/YY)

Accounts Payable

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

[Signature]
Accounts Payable Personnel Signature

05/26/2025
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

[Signature]
Anne Victoor (May 26, 2025 14:03 MDT)
Director - Financial & Strategic Services Signature

05/26/2025
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

[Signature]
William Fletcher (May 26, 2025 16:37 EDT)
City Manager Signature

05/26/2025
Date (DD/MM/YY)