



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted

Month Year



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 22/09/25 Month: July Year: 2025

Expenses Paid Directly by the City (eg. Petty Cash)		Other Transportation & Parking *	Accommodations *	Airfare *	Per Diems *	Meals *	Registration in 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**
 1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
 2. Meter parking may be claimed without a receipt up to \$15. Clearly indicate (Meter) in the nature of event/meeting section.
 3. 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)
 4. 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.
 5. Expense claims must be submitted within 10 days of the following month
 6. Incomplete expense claims will not be processed
 7. 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.
 8. 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	\$ 125.00
Less: BMO MasterCard	\$ -
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Killick	\$ 125.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 22/09/25 Month July Year 2025

Authorizations & Approvals Councillor Killick July 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] Sep 22, 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.
[Signature] Sep 22, 2025
Council Member's Signature Date (DD/MM/YY)

Accounts Payable
I have reviewed this claim for mathematical accuracy and documentation support.
Christine Lindal Sep 22, 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
[Signature] Sep 22, 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] Sep 22, 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 Killick

Date Submitted 18/09/25

Month August Year 2025

Sub-Total \$ -



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 18/09/25 Month: August Year: 2025

Operating Supplies/Telephone/Internet/Sponsorships		Total	GL Coding			
Date (DDMMYY)	Detailed Description		ACCT	Cost Ctr	CAT 2 Project CAT7	Expense Type
13/08/25	Mobile Device - Telus	55.00	6404	1010	516114 N/A	Mobile Dev
19/08/25	Home Internet - Telus	70.00	6404	1010	516114 N/A	Mobile Dev

Sub-Total \$ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Per Diem *	Meals *	Registration /Event Ticket *	General Expenses *	Total
05/08/25	Breakfast with the Chamber registration						10.00		10.00
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ 10.00



Council Member Monthly Expense Claim Form

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Name: Councillor Killick

Date Submitted: 18/09/25 Month: August 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 (DDMMYY)									-
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total \$ -

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Grand Total Expenses	\$ 235.00
Less: BMO MasterCard	-\$ 10.00
Less: Expenses Paid	\$ -
Net to be paid to: Councillor Killick	\$ 225.00



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 18/09/25 Month: August Year: 2025

Authorizations & Approvals Councillor Killick August 2025

Preparer: If claim form was prepared by an individual other than the Council Member, sign and date below. The expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission. [Signature] Sep 18, 2025

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] Sep 18, 2025

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. [Signature] Sep 21, 2025

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] Oct 27, 2025

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] Oct 27, 2025



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Council Member Monthly Expense Claim Form


Select From List
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Name: Councillor Killick

Date Submitted 03/10/25

Month September Year 2025


Authorizations & Approvals Councillor Killick September 2025

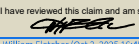
Preparer
 If claim form was prepared by an individual other than the Council Member, sign and date below
 This expense claim form was prepared in accordance with all information provided by the Council Member at the time of submission.

 Preparer's Signature Oct 3, 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 Oct 3, 2025
 Date (DD/MM/YY)

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

 Accounts Payable Personnel Signature Oct 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

 Director - Financial & Strategic Services Signature Oct 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

 City Manager Signature Oct 3, 2025
 Date (DD/MM/YY)

