



**Council Member Monthly Expense Claim Form**

Select From List  
  
Do not enter in "Grey" cells

Name: **Councillor Watkins**

Date Submitted: **12-11-19** Month: **October** Year: **2019**

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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
23-10-19	Villeneuve Landing Network - Next Steps	St. Albert	Sturgeon (County)	Return	40.00					20.20								20.20	6140
29-10-19	Premier's State of the Province	St. Albert	Edmonton-North	Return	30.00					15.15	15.00							30.15	6140
30-10-19	Intermunicipal Affairs Committee Meeting	St. Albert	Morinville	Return	38.00					19.19								19.19	6140
Sub-Total																			\$ 69.54

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1225	1224	ACCT
Sub-Total																			\$ -

Reg. #59 \_\_\_\_\_  
Post #29 476761



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 12-11-19 Month October Year 2019

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding
Date (DD/MMYY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1221	1221	1222	1226	1227	1225	1224		ACCT Cost Ctr Project CAT4

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding
Date (DD/MMYY)	Nature of Event/Meeting	From	To			From	To	CAT7_		1220	1220	1225	1226	1221	1222	1222		ACCT Cost Ctr CAT3 CAT4

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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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)						

Sub-Total \$ .

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
01-10-19	UDI-ER Luncheon					54.97		54.97
02-10-19	UDI Awards					154.73		154.73
17-10-19	10th Annual HomeStyle Breakfast Benefit					51.29		51.29
16-10-19	Premier's State of the Province					110.25		110.25
16-10-16	UDI-ER Luncheon (Refund)					- 54.97		- 54.97

Sub-Total \$ 316.27



### Council Member Monthly Expense Claim Form

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Name: Councillor Watkins

Date Submitted 12-11-19 Month October Year 2019

Expenses Paid Directly by the City (eg. Petty Cash)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
<b>Sub-Total</b>							\$ -

**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
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. 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)
6. Expense claims must be submitted within 10 days of the following month
7. Incomplete expense claims will not be processed

Grand Total Expenses	\$	385.81
Less: BMO MasterCard	-\$	316.27
Less: Expenses Paid	\$	-
<b>Net to be paid to Councillor Watkins</b>	<b>\$</b>	<b>69.54</b>

Training and Development Activities	
Activity Name	Description of Activity Content and any learning/information worth sharing

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)	
Date of Meeting	Name of meeting
2019-10-02	Youth Advisory Committee
2019-10-02	Annexation Committee Meeting



Council Member Monthly Expense Claim Form

Select  
From List  
  
Do not  
enter in  
"Grey" cells

Name:

Date Submitted

Month

Year

2019-10-24	Seniors Advisory Committee	



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 12-11-19

Month October Year 2019

Authorizations & Approvals

Councillor Watkins

October

2019

Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below

Prepared in accordance with all information provided by the Council Member at the time of submission.

[Redacted Signature]

04/11/19

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 [Redacted]

04/11/19

Date (DD/MM/YY)

Accounts Payable

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

[Redacted Signature]

08/11/19

Date (DD/MM/YY)

Accounts Payable Personnel Signature

Chief Financial Officer

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

[Redacted Signature]

Nov 8/19

Date (DD/MM/YY)

Chief Financial Officer Signature

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

[Redacted Signature]

Nov 13/19

Date (DD/MM/YY)

City Manager

Select From List

Do not enter in "Grey" cells

Name: **Councillor Watkins**

Date Submitted **12-12-19** Month **November** Year **2019**

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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				
01-11-19	Spirit of UDI Awards	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	ACCT	CAT 2 Project CAT4	
04-11-19	No Stone Left Alone Remembrance Ceremony	St. Albert	Edmonton-Kingsway	Return	26.00					13.13							13.13	6140	1010 516111 A10 General Council Busless	
21-11-19	MRSP Task Force Meeting	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010 516111 A10 General Council Busless	
Sub-Total																	\$	43.43		

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1225	1224				
Sub-Total																	\$	-		

Reg. #59

Post #29 **479841**



Council Member Monthly Expense Claim Form

Select From List  
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Name:

Date Submitted  Month  Year

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1225	1224		ACCT	
										-								-	Cost Ctr Project CAT4
										-								-	
										-								-	
										-								-	
										-								-	

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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 CAT3 CAT4
										-								-	
										-								-	
										-								-	
										-								-	

Sub-Total \$ -





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	Expense Type
	Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)				
Sub-Total		\$ -			

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)	Description							
08-11-19	2020 Emerging Trends in Municipal Law					189.00		189.00
Sub-Total						\$ 189.00		\$ 189.00



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Name:

Date Submitted  Month  Year

Expenses Paid Directly by the City (eg. Petty Cash)

Date (DD/MM/YY)	Other Transportation & Parking *	Accommodations *	Airfare*	Meals *	Registration /Event Ticket *	General Expenses *	Total

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  
 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. 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)  
 6. Expense claims must be submitted within 10 days of the following month  
 7. Incomplete expense claims will not be processed

Grand Total Expenses	\$	232.43
Less: BMO MasterCard	-\$	189.00
Less: Expenses Paid	\$	-
<b>Net to be paid to Councillor Watkins</b>	<b>\$</b>	<b>43.43</b>

Training and Development Activities	
Activity Name	Description of Activity Content and any learning/information worth sharing

Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)	
Date of Committee	Name of Meeting
2019-11-06	Youth Advisory Committee
2019-11-07	Policing Committee Meeting



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name:

Date Submitted

Month

Year

2019-11-28	Senior's Committee	



Council Member Monthly Expense Claim Form

Select From List
Do not enter in "Grey" cells

Name:

Date Submitted:  Month:  Year:

**Authorizations & Approvals** Councillor Watkins      November      2019

**Preparer**  
 I certify that I am a Council Member at the time of submission.  
 \_\_\_\_\_  
 Date (DD/MM/YY) 12/04/12/19

**Council Member**  
 I certify that the information provided is true and correct. 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 person.  
 \_\_\_\_\_  
 Date (DD/MM/YY) 09/12/19

**Accounts Payable**  
 I have reviewed this claim for mathematical accuracy and documentation support.  
 \_\_\_\_\_  
 Date (DD/MM/YY) 11/12/19

**Chief Financial Officer**  
 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.  
 \_\_\_\_\_  
 Date (DD/MM/YY) Dec 13/19

**Chief Administrative Officer (City Manager)**  
 I have reviewed this claim and am satisfied that the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement.  
 \_\_\_\_\_  
 Date (DD/MM/YY) Dec 19/19



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: **Councillor Watkins**

Date Submitted: **31-12-19** Month: **December** Year: **2019**

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	Project						
06-12-19	Shared Interest Shared Benefits Task Force Meeting	St. Albert	Edmonton-Downtown	Return	30.00					15.15							15.15	6140	1010	516111 A10	General Council Business					
Sub-Total																									\$	15.15

Reg. 859  
Post #20 481141

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1225	1224		ACCT	Cost Ctr	Project						
Sub-Total																									\$	-



Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: **Councillor Watkins**

Date Submitted: **31-12-19** Month: **December** Year: **2019**

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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1225	1224		ACCT Cost Ctr Project CAT4

Sub-Total \$ -

Office of the Mayor (Official Events & Duties)		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 @ 0.505/km	Other Transportation & Parking *	Accommodations *	Airfare*	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 CAT3 CAT4

Sub-Total \$ -

Operating Supplies/Telephone/Internet/Sponsorships		Mobile Device (Max \$55/Month) Home Internet (Max \$70/Month), Sponsorship (Max \$1,000/Year see policy C-CC-21 Council Sponsorship)															Total	GL Coding
Date (DD/MM/YY)	Detailed Description																	ACCT Cost Ctr Project CAT7 Expense Type
																		Mobile Device Charge
																		Office/Operating Supp

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name:

Date Submitted  Month  Year

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare *	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)								
05-12-19	UDI Luncheon					54.97		54.97
								-
								-
								-
								-
								-

Sub-Total \$ 54.97

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

Sub-Total \$ -



Council Member Monthly Expense Claim Form

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Do not enter in "Grey" cells

Name:

Date Submitted  Month  Year

- 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
  - 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.
  - 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)
  - Expense claims must be submitted within 10 days of the following month
  - Incomplete expense claims will not be processed

Grand Total Expenses	\$	70.12
Less: BMO MasterCard	-\$	54.97
Less: Expenses Paid	\$	-
<b>Net to be paid to Councillor Watkins</b>	<b>\$</b>	<b>15.15</b>

**Training and Development Activities**

Activity Name	Description of Activity Content and any learning/information worth sharing

**Board, Committee, Agency meetings attended (Includes both Council appointed and other approved committees)**

Date	Name	Updates
2019-12-03	Agenda Planning	
2019-12-03	Policing Committee Meeting	
2019-12-04	Youth Advisory Committee Meeting	
2019-12-10	Heritage Advisory Committee	
2019-12-11	Agenda Planning	
2019-12-13	Annexation Committee Meeting	
2019-12-17	Agenda Planning	





Council Member Monthly Expense Claim Form

Select From List  
Do not enter in "Grey" cells

Name: Councillor Watkins

Date Submitted 31-12-19 Month December Year 2019

Authorizations & Approvals

Councillor Watkins December 2019

Preparer: [Redacted] Council Member at the time of submission. [Signature] Date (DD/MM/YY) 12/2/20

Council Member: I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. [Redacted] Date (DD/MM/YY) 1/6/20

Accounts Payable: I have reviewed this claim for mathematical accuracy and documentation support. [Redacted] Date (DD/MM/YY) 7/01/2020

Chief Financial Officer: 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. [Redacted] Date (DD/MM/YY) 7/01/2020

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. [Redacted] Date (DD/MM/YY) Jan 8/20