Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/11/24 Month: October Year: 2024

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 @ 0.64/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	Project	CAT 2 CAT4
09/10/24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516113	
10/10/24	Regional Reinvention Field Trip									-				200.00				200.00	6005	1010	516113	
10/10/24	Regional Reinvention Field Trip	St. Albert	Strathcona (County)	Return	66.00					42.24								42.24	6140	1010	516113	
16/10/24	NSWA Watershed Wednesday									-				100.00				100.00	6005	1010	516113	
17/10/24	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6140	1010	516113	
17/10/24	MCMC Dinner Meeting									-				100.00				100.00	6005	1010	516113	
21/10/24	CED Framework Info Session									-				100.00				100.00	6005	1010	516113	
24/10/24	EAC meeting									-				100.00				100.00	6005	1010	516113	
29/10/24	Housing Society Luncheon	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516113	
30/10/24	State of the Province Address	St. Albert	Edmonton-Downtown	Return	30.00					19.20	15.00							34.20	6140	1010	516113	
										-								-				
										-								-				
										-								-				
										-								-				
																Sub-Total		$ 746.84				

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	Project	CAT 2 CAT4
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 04/11/24 Month October Year 2024

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/11/24 Month: October Year: 2024

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

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 @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1221	1222	1222		ACCT	Cost Ctr	CAT2	CAT3
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/11/24 Month: October Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/11/24 Month: October Year: 2024

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	CAT 2 Project	CAT7	Expense Type
11/10/24	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19/10/24	Home Internet - Telus	70.00	6404	1010	516113	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)									
04/10/24	Housing Society Luncheon Registration						52.45		52.45
10/10/24	St. Albert Foodbank Sponsorship							300.00	300.00
10/10/24	St. Albert Sturgeon Hospice Association Sponsorship							300.00	300.00
18/10/24	Sturgeon Hospital Foundation Gala						419.15		419.15
									-
									-
									-
									-
									-
									-

Sub-Total $ 1,071.60

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 04/11/24 Month October Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/11/24 Month: October Year: 2024

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****

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	$	1,943.44
Less: BMO MasterCard	-$	1,071.60
Less: Expenses Paid	$	-
Net to be paid to: Councillor Biermanski	$	871.84

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 04/11/24 Month October Year 2024

Authorizations & Approvals | **Councillor Biermanski** | **October** | **2024**

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 — Date (DD/MM/YY): Nov 4, 2024

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.

Shelley Biermanski (Nov 4, 2024 16:26 MST)

Council Member's Signature — Date (DD/MM/YY): Nov 4, 2024

Accounts Payable

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

Debbie Hettle (Nov 5, 2024 07:33 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Nov 5, 2024

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 Victour (Nov 14, 2024 14:16 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Nov 14, 2024

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 — Date (DD/MM/YY): Nov 14, 2024

Council Per Diem Claim Report

Name:	Councillor Biermanski

Month	Year
October	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-10-10	Regional Reinvention Field Trip	5	Full Day	$ 200.00
2024-10-16	NSWA Watershed Wednesday	1	Half Day	$ 100.00
2024-10-17	MCMC Dinner Meeting	3.5	Half Day	$ 100.00
2024-10-21	Collaborative Economic Development Framework Info Session	1	Half Day	$ 100.00
2024-10-24	EAC	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 600.00

Full Day Events:	1
Half Day Events:	4
DM Events:	0

Shelley Biermanski

Shelley Biermanski (Nov 4, 2024 16:26 MST)

Nov 4, 2024

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/12/24 Month: November Year: 2024

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 @ 0.64/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	Project	CAT 2 CAT4
03/11/24	50th Anniversary of the Local Spiritual Assembly of the Bahá'ís of St. Albert	St. Albert	Edmonton-North	Return	24.00					15.36								15.36	6140	1010	516113	
06/11/24	State of the Town - Morinville	St. Albert	Morinville	Return	38.00					24.32								24.32	6140	1010	516113	
07/11/24	Farm Fair	St. Albert	Edmonton-East	Return	44.00					28.16								28.16	6140	1010	516113	
13/11/24	State of the County - Sturgeon County	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516113	
14/11/24	Fall Business Leaders Forum									-				100.00				100.00	6005	1010	516113	
18/11/24	SRWA prep meeting									-				100.00				100.00	6005	1010	516113	
21/11/24	SRWA meeting									-				100.00				100.00	6005	1010	516113	
27/11/24	Arts Advisory Committee meeting									-				100.00				100.00	6005	1010	516113	
27/11/24	Virtual Town Hall Edmonton Global US Election									-				100.00				100.00	6005	1010	516113	
28/11/24	Alberta Municipal Climate Leadership Council									-				100.00				100.00	6005	1010	516113	
28/11/24	EAC Environmental Advisory Committee									-				100.00				100.00	6005	1010	516113	
										-								-				
										-								-				
										-								-				

Sub-Total $ 793.44

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	Project	CAT 2 CAT4
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/12/24 Month: November Year: 2024

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/12/24 Month: November Year: 2024

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

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 @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1221	1222	1222		ACCT	Cost Ctr	CAT2	CAT3
01/11/24	LoSeCa Foundation Event - DM	St. Albert	Edmonton-North	Return	24.00					15.36								15.36	6140	1030	N/A	#N/A
01/11/24	LoSeCa Foundation Event - DM									-				50.00				50.00	6005	1010	516113	#N/A
16/11/24	Grand Opening Seeds and Sprouts - DM									-				50.00				50.00	6005	1010	516113	#N/A
18/11/24	Grade Six Gov't Field Trip - DM									-				50.00				50.00	6005	1010	516113	#N/A
20/11/24	St. Albert Family Resource Center event - DM	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1030	N/A	#N/A
20/11/24	St. Albert Family Resource Center event - DM									-				50.00				50.00	6005	1010	516113	#N/A
22/11/24	St. Albert Further Education 50th Anniversary - DM									-				50.00				50.00	6005	1010	516113	#N/A
24/11/24	St. Albert Interfaith Connections event - DM									-				50.00				50.00	6005	1010	516113	#N/A
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/12/24 Month: November Year: 2024

										-								-

Sub-Total $ 340.96

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/12/24 Month: November Year: 2024

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	CAT 2 Project	CAT7	Expense Type
11/11/24	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19/11/24	Home Internet - Telus	70.00	6404	1010	516113	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)									
04/11/24	State of the Town - Morinville registration						40.00		40.00
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 40.00

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 02/12/24

Month November

Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 02/12/24 Month: November Year: 2024

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****

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	$ 1,299.40
Less: BMO MasterCard	-$ 40.00
Less: Expenses Paid	$ -
Net to be paid to: Councillor Biermanski	$ 1,259.40

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 02/12/24 Month November Year 2024

Authorizations & Approvals **Councillor Biermanski** **November** **2024**

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 — Dec 2, 2024 — 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.

Shelley Biermanski (Dec 2, 2024 21:09 MST) — Dec 2, 2024

Council Member's Signature — Date (DD/MM/YY)

Accounts Payable

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

Debbie Hettle (Dec 3, 2024 08:16 MST) — Dec 3, 2024

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 Victor (Dec 3, 2024 10:28 MST) — Dec 3, 2024

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

Dec 3, 2024

City Manager Signature — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor Biermanski

Month	Year
November	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-11-01	DM Loseca Foundation	5:30 PM	DM Event	$ 50.00
2024-11-14	Fall Business Leaders Forum	6:00 PM	Half Day	$ 100.00
2024-11-16	Grand Opening Seeds and Sprouts	11:00 AM	DM Event	$ 50.00
2024-11-18	Grade six field trip	2:15 PM	DM Event	$ 50.00
2024-11-18	SRWA prep meeting	2:45 PM	Half Day	$ 100.00
2024-11-20	St. Albert Family Resource Centre	11:30 AM	DM Event	$ 50.00
2024-11-21	SRWA meeting	1:15 PM	Half Day	$ 100.00
2024-11-22	St. Albert Further Education 50th Anniversary	6:15 PM	DM Event	$ 50.00
2024-11-24	St. Albert Interfaith Connections	7:00 PM	DM Event	$ 50.00
2024-11-27	Arts Advisory Committee	6:00 PM	Half Day	$ 100.00
2024-11-27	Virtual Townhall Edmonton Global US Election	12:00 PM	Half Day	$ 100.00
2024-11-28	Alberta Municipal Climate Leadership Council	1:30 PM	Half Day	$ 100.00
2024-11-28	EAC Environmental Advisory Committee	6:00 PM	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Total Per Diem Claim: $ 1,000.00

Full Day Events:	0
Half Day Events:	7
DM Events:	6

Shelley Biermanski Dec 2, 2024

Shelley Biermanski (Dec 2, 2024 21:09 MST)

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 06-01-25 Month: December Year: 2024

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 @ 0.64/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	Project	CAT 2 CAT4
05-12-24	NSWA Meeting									-				100.00				100.00	6005	1010	516113	
10-12-24	Annual Board Appreciation event									-				100.00				100.00	6005	1010	516113	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

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 @ 0.64/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	Project	CAT 2 CAT4
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 06-01-25 Month December Year 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 06-01-25 Month: December Year: 2024

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

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 @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	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	1227	1221	1222	1222		ACCT	Cost Ctr	CAT2	CAT3
03-12-24	St. Albert Community Foundation - Celebration of Philanthropy - DM									-				50.00				50.00	6005	1010	516113	#N/A
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 06-01-25 Month December Year 2024

Sub-Total	$ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 06-01-25 Month: December Year: 2024

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	CAT 2 Project	CAT7	Expense Type
11-12-24	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19-12-24	Home Internet - Telus	70.00	6404	1010	516113	N/A	Mobile Dev
30-12-24	Office Supplies - Staples (copy paper)	86.09	6502	1010	516113	N/A	Office/Ope

Sub-Total $ 211.09

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

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 06-01-25 Month: December Year: 2024

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****

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	$	461.09
Less: BMO MasterCard	$	-
Less: Expenses Paid	$	-
Net to be paid to: Councillor Biermanski	$	461.09

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 06-01-25 Month December Year 2024

Authorizations & Approvals **Councillor Biermanski** **December** **2024**

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 — Date (DD/MM/YY): Jan 6, 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.

Shelley Bieremanski
Shelley Bieremanski (Jan 6, 2025 13:55 MST)

Council Member's Signature — Date (DD/MM/YY): Jan 6, 2025

Accounts Payable

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

Debbie Hettle
Debbie Hettle (Jan 6, 2025 13:56 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jan 6, 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

Atul Saini (Jan 6, 2025 14:58 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jan 6, 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

City Manager Signature — Date (DD/MM/YY): Jan 6, 2025

Council Per Diem Claim Report

Name:	Councillor Biermanski

Month	Year
December	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-12-03	St. Albert Community Foundation	5:30 PM	DM Event	$ 50.00
2024-12-05	NSWA	9:00 AM	Half Day	$ 100.00
2024-12-10	Annual Board Appreciation event	6:00 PM	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 250.00

Full Day Events:	0
Half Day Events:	2
DM Events:	1

Shelley Bieremanski Jan 6, 2025

Shelley Bieremanski (Jan 6, 2025 13:55 MST)

Authorized By **Date**