Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/11/24 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
04/10/24	Waste Minimization Meeting									-				100.00				100.00	6005	1010	516106	
16/10/24	Seniors Advisory Committee Meeting									-				100.00				100.00	6005	1010	516106	
21/10/24	Collaborative Economic Development Framework Info Session									-				100.00				100.00	6005	1010	516106	
										-								-				
										-								-				
										-								-		

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/11/24 Month: October Year: 2024

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Sub-Total $ -

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06/11/24 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
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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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/11/24 Month: October Year: 2024

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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/11/24 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
03/10/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516106	N/A	Mobile Dev
13/10/24	Mobile Device - Virgin Mobile	55.00	6404	1010	516106	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)									
15/10/24	St. Albert Housing Society Luncheon						52.45		52.45
21/10/24	St. Albert Housing Society Sponsorship							250.00	250.00
21/10/24	Second Chance Animal Rescue Society Sponsorship							250.00	250.00
									-
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									-

Sub-Total $ 552.45

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06/11/24 Month October Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/11/24 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)									
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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	$	977.45
Less: BMO MasterCard	-$	552.45
Less: Expenses Paid	$	-
Net to be paid to: Councillor Hughes	$	425.00

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06/11/24 Month October Year 2024

Authorizations & Approvals **Councillor Hughes** **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 — Nov 6, 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.

Sheena Hughes (Nov 8, 2024 12:32 MST) — Nov 8, 2024

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

Accounts Payable

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

Lynda Lavallee (Nov 8, 2024 12:43 MST) — Nov 8, 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

Suzanne Findlay (Nov 8, 2024 13:30 MST) — Nov 8, 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

Nov 8, 2024

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

Council Per Diem Claim Report

Name:	Councillor Hughes

Month	Year
October	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-10-04	Waste Minimization Meeting	2.5	Half Day	$ 100.00
2024-10-16	Seniors Advisory Committee	2	Half Day	$ 100.00
2024-10-21	Collaborative Economic Development Framework Session	1	Half Day	$ 100.00
				$ -
				$ -
				$ -
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			Total Per Diem Claim:	$ 300.00

Full Day Events:	0
Half Day Events:	3
DM Events:	0

Sheena Hughes
Sheena Hughes (Nov 8, 2024 12:32 MST)
Authorized By

Nov 8, 2024
Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/12/24 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
13/11/24	Edmonton Regional Waste Advisory Meeting									-				100.00				100.00	6005	1010	516106	
13/11/24	Edmonton Regional Waste Advisory Meeting	St. Albert	Edmonton-East	Return	44.00					28.16								28.16	6140	1010	516106	
14/11/24	Fall Business Leaders Forum									-				100.00				100.00	6005	1010	516106	
20/11/24	St Albert Family Resource Centre Luncheon	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516106	
20/11/24	Seniors Advisory Committee									-				100.00				100.00	6005	1010	516106	
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Sub-Total $ 353.76

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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/12/24 Month: November Year: 2024

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Sub-Total $ -

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06/12/24 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
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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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/12/24 Month: November Year: 2024

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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/12/24 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
03/11/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516106	N/A	Mobile Dev
13/11/24	Mobile Device - Virgin Mobile	55.00	6404	1010	516106	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)									
18/11/24	St. Albert Family Resource Centre Luncheon						55.00		55.00
									-
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									-

Sub-Total $ 55.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06/12/24 Month November Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/12/24 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)									
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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	$	533.76
Less: BMO MasterCard	-$	55.00
Less: Expenses Paid	$	-
Net to be paid to: Councillor Hughes	$	478.76

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06/12/24 Month: November Year: 2024

Authorizations & Approvals — **Councillor Hughes** — **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 6, 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.

Sheena Hughes
Sheena Hughes (Dec 6, 2024 10:39 MST)

Council Member's Signature — Dec 6, 2024 — Date (DD/MM/YY)

Accounts Payable

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

Lynda Lavallee
Lynda Lavallee (Dec 6, 2024 11:00 MST)

Accounts Payable Personnel Signature — Dec 6, 2024 — 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 Victoria (Dec 6, 2024 15:36 MST)

Director - Financial & Strategic Services Signature — Dec 6, 2024 — 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 — Dec 6, 2024 — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor Hughes

Month	Year
November	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-11-14	Fall Business Forum	2.5	Half Day	$ 100.00
2024-11-20	Seniors Advisory Committee	2	Half Day	$ 100.00
2024-11-13	Edmonton Regional Waste Advisory Meeting	2.5	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
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				$ -
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				$ -
			Total Per Diem Claim:	$ 300.00

Full Day Events:	0
Half Day Events:	3
DM Events:	0

Sheena Hughes
Sheena Hughes (Dec 6, 2024 10:39 MST)

Authorized By

Dec 6, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

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	CAT 2 Project CAT4
10-12-24	Annual Board Appreciation event									-				100.00				100.00	6005	1010	516106
13-12-24	Internal Audit Steering Committee									-				100.00				100.00	6005	1010	516106
										-								-			
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06-01-25 Month December Year 2024

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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

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

AUMA or FCM Convention or Board Expenses

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	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: ACCT	Cost Ctr	CAT 2 Project	CAT4
								CAT7_		1221	1221	1222	1226	1216	1227	1225	1224					
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Sub-Total $ -

Office of the Mayor (Official Events & Duties)

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	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: ACCT	Cost Ctr	CAT2	CAT3
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

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 Hughes

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
03-12-24	Home Internet - Shaw/Rogers	70.00	6404	1010	516106	N/A	Mobile Dev
13-12-24	Mobile Device - Virgin Mobile	53.50	6404	1010	516106	N/A	Mobile Dev

Sub-Total $ 123.50

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
05-12-24	Chamber Business@Lunch						55.00		55.00
06-12-24	Kinette Christmas Hamper sponsorship							250.00	250.00
									-
									-
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Sub-Total $ 305.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

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	$	628.50
Less: BMO MasterCard	-$	305.00
Less: Expenses Paid	$	-
Net to be paid to: Councillor Hughes	$	323.50

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06-01-25 Month December Year 2024

Authorizations & Approvals **Councillor Hughes** **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.

Sheena Hughes (Jan 6, 2025 16:20 CST)

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

Accounts Payable

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

Lynda Lavallee (Jan 6, 2025 15:25 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 17:24 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 7, 2025

Council Per Diem Claim Report

Name:	Councillor Hughes

Month	Year
December	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-12-10	Annual Board Appreciation event	2	Half Day	$ 100.00
2024-12-13	Internal Audit Committee	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
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				$ -
			Total Per Diem Claim:	$ 200.00

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

Sheena Hughes
Sheena Hughes (Jan 6, 2025 16:20 CST)

Jan 6, 2025

Authorized By | Date