Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/11/24 Month: October Year: 2024

General Council Related Business

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim km's (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	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: ACCT	Cost Ctr	CAT 2 Project	CAT4
								CAT7_		1220	1220	1225	1226		1221	1222	1222					
09/10/24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516108	
17/10/24	Fall MCMC Meetings - Dinner									-				100.00				100.00	6005	1010	516108	
25/10/24	Inter-City Forum on Social Policy prep meeting									-				100.00				100.00	6005	1010	516108	
28/10/24	Inter-City Foum on Social Policy	St. Albert	Strathcona (County)	Return	66.00					42.24	10.00							52.24	6140	1010	516108	
28/10/24	Inter-City Forum on Social Policy									-				200.00				200.00	6005	1010	516108	
30/10/24	State of the Province	St. Albert	Edmonton-Downtown	Return	30.00					19.20	27.00							46.20	6140	1010	516108	
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Sub-Total $ 524.04

Professional Development

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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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/11/24 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 Joly

Date Submitted: 05/11/24 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 Joly

Date Submitted: 05/11/24 Month: October Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/11/24 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
10/04/24	Operating supplies - Website Hosting (SquareSpace)		176.40	6502	1010	516108	N/A	Office/Ope
17/10/24	Home Internet - Telus		70.00	6404	1010	516108	N/A	Mobile Dev
27/10/24	Mobile Device - Telus		55.00	6404	1010	516108	N/A	Mobile Dev

Sub-Total $ 301.40

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
09/10/24	LoSeCa Sponsorship							250.00	250.00
09/10/24	St. Albert Housing Society Sponsorship							250.00	250.00
25/10/24	St. Albert Family Resource Centre Luncheon registration						55.00		55.00
									-
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Sub-Total $ 555.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/11/24

Month: October

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/11/24 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	$ 1,380.44
Less: BMO MasterCard	-$ 555.00
Less: Expenses Paid	$ -
Net to be paid to: Councillor Joly	$ 825.44

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/11/24 Month: October Year: 2024

Authorizations & Approvals — **Councillor Joly** — **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 5, 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.

Natalie Joly
Natalie Joly (Nov 14, 2024 17:43 MST)

Council Member's Signature — Nov 14, 2024 — Date (DD/MM/YY)

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Nov 15, 2024 09:19 MST)

Accounts Payable Personnel Signature — Nov 15, 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 Victor (Nov 18, 2024 09:06 MST)

Director - Financial & Strategic Services Signature — Nov 18, 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 — Nov 18, 2024 — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor Joly

Month	Year
October	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-10-17	Fall MCMC Meetings - Dinner	3.5	Half Day	$ 100.00
2024-10-25	Inter-City Forum on Social Policy prep meeting	0.5	Half Day	$ 100.00
2024-10-28	Inter-City Forum on Social Policy Meeting	5	Full Day	$ 200.00
				$ -
				$ -
				$ -
				$ -
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				$ -
			Total Per Diem Claim:	$ 400.00

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

Natalie Joly
Natalie Joly (Nov 14, 2024 17:43 MST)

Nov 14, 2024

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/12/24 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	CAT 2 Project CAT4
06/11/24	State of the Town Morinville	St. Albert	Morinville	Return	38.00					24.32								24.32	6140	1010	516108
06/11/24	Youth Advisory Committee									-				100.00				100.00	6005	1010	516108
13/11/24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516108
14/11/24	Fall Business Leaders Forum									-				100.00				100.00	6005	1010	516108
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Sub-Total $ 249.92

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	CAT 2 Project CAT4
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 05/12/24 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 Joly

Date Submitted: 05/12/24 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 Joly

Date Submitted: 05/12/24 Month: November Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/12/24 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
17/11/24	Home Internet (Telus)	70.00	6404	1010	516108	N/A	Mobile Dev
27/11/24	Mobile Device (Telus)	55.00	6404	1010	516108	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						40.00		40.00
									-
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Sub-Total $ 40.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/12/24

Month: November

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/12/24 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	$	414.92
Less: BMO MasterCard	-$	40.00
Less: Expenses Paid	$	-
Net to be paid to: Councillor Joly	$	374.92

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted: 05/12/24 Month: November Year: 2024

Authorizations & Approvals — **Councillor Joly** — **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 5, 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.

Natalie Joly
Natalie Joly (Dec 20, 2024 13:07 MST)

Council Member's Signature — Dec 20, 2024 — Date (DD/MM/YY)

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Dec 23, 2024 09:10 MST)

Accounts Payable Personnel Signature — Dec 23, 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

Suzanne Findlay
Suzanne Findlay (Dec 23, 2024 09:54 MST)

Director - Financial & Strategic Services Signature — Dec 23, 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 23, 2024 — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor Joly

Month	Year
November	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-11-06	Youth Advisory Committee Meeting		Half Day	$ 100.00
2024-11-14	Fall Business Leaders' Forum		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

Natalie Joly

Natalie Joly (Dec 20, 2024 13:07 MST)

Authorized By

Dec 20, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

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
04-12-24	Youth Advisory Committee									-				100.00				100.00	6005	1010	516108	
10-12-24	Board Appreciation Event									-				100.00				100.00	6005	1010	516108	
										-								-				
										-								-				
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

Date Submitted 06-01-25 Month December Year 2024

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Sub-Total $ 2,830.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

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
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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 Joly

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 Joly

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
17-12-24	Home Internet - Telus	70.00	6404	1010	516108	N/A	Mobile Dev
27-12-24	Mobile Device - Telus	55.00	6404	1010	516108	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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

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	$ 3,155.00
Less: BMO MasterCard	$ -
Less: Expenses Paid	$ -
Net to be paid to: Councillor Joly	$ 3,155.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Joly

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

Authorizations & Approvals **Councillor Joly** **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.

Natalie Joly
Natalie Joly (Jan 6, 2025 11:51 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.

Yukiko Shionoya
Yukiko Shionoya (Jan 7, 2025 13:28 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jan 7, 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

Anne Victoor (Jan 7, 2025 15:36 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jan 7, 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 Joly

Month	Year
December	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-12-04	YAC		Half Day	$ 100.00
2024-12-10	Advisory Committee Appreciation Event		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

Natalie Joly

Natalie Joly (Jan 6, 2025 11:51 MST)

Authorized By

Jan 6, 2025

Date