Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 14-11-24 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	CAT 2 Project CAT4
02-10-24	YAC									-				100.00				100.00	6005	1010	516114
09-10-24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516114
21-10-24	State of the City Beaumont	St. Albert	Beaumont	Return	98.00					62.72								62.72	6140	1010	516114
22-10-24	CSAC Meeting									-				100.00				100.00	6005	1010	516114
23-10-24	CSAC Food Bank Community Village Tour									-				100.00				100.00	6005	1010	516114
25-10-24	Edmonton Salutes									-				100.00				100.00	6005	1010	516114
29-10-24	Housing Society Luncheon	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516114
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			

Sub-Total $ 513.92

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

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 14-11-24 Month October Year 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 14-11-24 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
03-10-24	St. Albert Victim Services Recognition - DM									-				50.00				50.00	6005	1010	516114	#N/A
10-10-24	Grade 6 Gov't Field Trip - DM									-				50.00				50.00	6005	1010	516114	#N/A
10-10-24	Grade 6 Gov't Field Trip - DM									-				50.00				50.00	6005	1010	516114	#N/A
17-10-24	Remembrance Day Planning Meeting - DM									-				50.00				50.00	6005	1010	516114	#N/A
24-10-24	First Poppy Presentation - DM									-				50.00				50.00	6005	1010	516114	#N/A
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 14-11-24

Month October

Year 2024

Sub-Total $ 250.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 14-11-24 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
13-10-24	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19-10-24	Home Internet - Telus	70.00	6404	1010	516114	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
04-10-24	Housing Society Luncheon						52.45		52.45
25-10-24	St. Albert Family Resource Centre Luncheon						55.00		55.00
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 107.45

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 14-11-24 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	$	996.37
Less: BMO MasterCard	-$	107.45
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	888.92

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 14-11-24 Month October Year 2024

Authorizations & Approvals **Councillor Killick** **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 14, 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.

mike killick (Nov 14, 2024 14:01 MST)

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

Accounts Payable

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

Accounts Payable Personnel Signature — Date (DD/MM/YY): Nov 14, 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

Anna Victoria (Nov 14, 2024 14:15 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 Killick

Month	Year
October	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024 10 02	YAC - for N Jolly	2	Half Day	$ 100.00
2024 10 03	St Albert victim services - board recognition as DM	2	DM Event	$ 50.00
2024 10 10	SAM grade 6 in the morning - DM	1	DM Event	$ 50.00
2024 10 10	SAM grade 6 in the morning - DM	1	DM Event	$ 50.00
2024-10-17	Remembrance Day Planning Meeting - DM	0.5	DM Event	$ 50.00
2024-10-22	CSAC meeting	2	Half Day	$ 100.00
2024-10-23	CSAC food bank community village tour	2	Half Day	$ 100.00
2024-10-24	First poppy, DM	2	DM Event	$ 50.00
2024-10-25	Edmonton Salutes	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Total Per Diem Claim: $ 650.00

Full Day Events:	0
Half Day Events:	4
DM Events:	5

mike killick (Nov 14, 2024 14:01 MST)

Authorized By

Nov 14, 2024

Date

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 12-12-24 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
04-11-24	Joint Advocacy Working Group									-				100.00				100.00	6005	1010	516114
06-11-24	State of the Town Morinville	St. Albert	Morinville	Return	38.00					24.32								24.32	6140	1010	516114
11-11-24	Edmonton Salutes Wreath Laying									-				100.00				100.00	6005	1010	516114
13-11-24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516114
19-11-24	Edmonton Salutes - Organizational Sub Committee									-				100.00				100.00	6005	1010	516114
20-11-24	CSAC - 55+ Seniors Tour									-				100.00				100.00	6005	1010	516114
20-11-24	St. Albert Family Resource Centre Luncheon	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516114
22-11-24	Edmonton Salutes regular meeting									-				100.00				100.00	6005	1010	516114
23-11-24	CSAC - Further Ed Tour									-				100.00				100.00	6005	1010	516114
26-11-24	CSAC - regular meeting									-				100.00				100.00	6005	1010	516114
										-								-			
										-								-			
										-								-			
										-								-			

Sub-Total $ 775.52

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

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 12-12-24 Month November Year 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 12-12-24 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
29-11-24	Snowflake Festival - DM									-				50.00				50.00	6005	1010	516114	#N/A
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 12-12-24 Month November Year 2024

Sub-Total $ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 12-12-24 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
13-11-24	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19-11-24	Home Internet - Telus	70.00	6404	1010	516114	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
06-11-24	State of the Town Morinville						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 Killick

Date Submitted: 12-12-24 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	$	990.52
Less: BMO MasterCard	-$	40.00
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	950.52

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 12-12-24 Month November Year 2024

Authorizations & Approvals | **Councillor Killick** | **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 12, 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.

mike killick (Dec 12, 2024 16:32 PST) — Dec 12, 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 13, 2024

Debbie Hettle (Dec 13, 2024 08:15 MST)

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

Brenda Barclay — Dec 13, 2024

Brenda Barclay (Dec 13, 2024 08:34 MST)

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 13, 2024

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

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
November	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-11-04	Joint Advocacy Working Group	2	Half Day	$ 100.00
2024-11-11	Edmonton salutes - wreath laying	2	Half Day	$ 100.00
2024-11-19	Edmonton Salutes - organizational sub committee	2	Half Day	$ 100.00
2024-11-20	CSAC - 55+ Seniors tour	4	Half Day	$ 100.00
2024-11-22	Edmonton Salutes regular meeting	2	Half Day	$ 100.00
2024-11-23	CSAC - Further Ed tour	2	Half Day	$ 100.00
2024-11-26	CSAC - regular meeting	2	Half Day	$ 100.00
2024-11-29	Snowflake festival - City greetings from the Mayor	4	DM Event	$ 50.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 750.00

Full Day Events:	0
Half Day Events:	7
DM Events:	1

mike killick (Dec 12, 2024 16:32 PST)

Authorized By

Dec 12, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

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
06-12-24	Edmonton Salutes									-				100.00				100.00	6005	1010	516114
06-12-24	Edmonton Salutes	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6140	1010	516114
10-12-24	Annual Board Appreciation event									-				100.00				100.00	6005	1010	516114
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			

Sub-Total $ 219.20

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

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

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 Killick

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

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

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 Killick

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
13-12-24	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19-12-24	Home Internet - Telus	70.00	6404	1010	516114	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per 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 Killick

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	$ 344.20
Less: BMO MasterCard	$ -
Less: Expenses Paid	$ -
Net to be paid to: Councillor Killick	$ 344.20

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 06-01-25 Month December Year 2024

Authorizations & Approvals **Councillor Killick** **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 — Jan 6, 2025 — Date (DD/MM/YY)

Council Member

I certify that the expenditures claimed on this form were incurred while conducting business on behalf of the City of St. Albert. I understand that submitting a fraudulent claim is a very serious matter. I understand that I am solely responsible for the details of the claim even if the form was completed by another individual. All applicable receipts have been attached.

mike killick (Jan 7, 2025 10:04 MST) — Jan 7, 2025

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

Accounts Payable

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

Debbie Hettle (Jan 7, 2025 11:34 MST) — Jan 7, 2025

Accounts Payable Personnel Signature — Date (DD/MM/YY)

Director - Financial & Strategic Services

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Anne Victor (Jan 7, 2025 15:04 MST) — Jan 7, 2025

Director - Financial & Strategic Services Signature — Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

I have reviewed this claim and am satisfied that the expenses listed and the information and documentation provided are in accordance with Council policy C-CC-03 Council Remuneration and Expense Reimbursement

Jan 7, 2025

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

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
December	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024 12 06	Edmonton Salutes , meeting downtown	3	Half Day	$ 100.00
2024 12 10	Board appreciation (CSAC)	3	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 200.00

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

mike killick (Jan 7, 2025 10:04 MST)

Jan 7, 2025

Authorized By **Date**