Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06-08-24 Month: July 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
08-07-24	Duraline business meeting/tour									-				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 06-08-24 Month July 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: 06-08-24 Month: July 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 06-08-24 Month July Year 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 06-08-24 Month: July 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
03-07-24	Home Internet - Shaw/Rogers	70.00	6404	1010	516106	N/A	Mobile Dev
13-07-24	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)									
									-
									-
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									-
									-
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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: 06-08-24 Month: July 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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									-
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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	$	225.00
Less: BMO MasterCard	$	-
Less: Expenses Paid	$	-
Net to be paid to: Councillor Hughes	$	225.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 06-08-24 Month July Year 2024

Authorizations & Approvals **Councillor Hughes** **July** **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): Aug 6, 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.

Sheena Hughes
Sheena Hughes (Aug 6, 2024 14:35 PDT)

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

Accounts Payable

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

Lynda Lavallee
Lynda Lavallee (Aug 6, 2024 15:42 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Aug 6, 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 Victory (Aug 7, 2024 09:42 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Aug 7, 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): Aug 7, 2024

Council Per Diem Claim Report

Name:	Councillor Hughes

Month	Year
July	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-07-08	Duraline Meeting and Tour	1.5	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
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				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 100.00

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

Sheena Hughes Aug 6, 2024

Sheena Hughes (Aug 6, 2024 14:35 PDT)

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 17-09-24 Month: August 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
26-08-24	Berlin Communications Meeting									-				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: 17-09-24 Month: August 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: 17-09-24 Month: August 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 17-09-24 Month August Year 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 17-09-24 Month: August 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
03-08-24	Home Internet - Shaw/Rogers	70.00	6404	1010	516106	N/A	Mobile Dev
13-08-24	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)									
									-
									-
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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: 17-09-24 Month: August 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****

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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	$	225.00
Less: BMO MasterCard	$	-
Less: Expenses Paid	$	-
Net to be paid to: Councillor Hughes	$	225.00

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted 17-09-24 Month August Year 2024

Authorizations & Approvals **Councillor Hughes** **August** **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

Sep 17, 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 (Sep 17, 2024 12:21 MDT)

Council Member's Signature

Sep 17, 2024

Date (DD/MM/YY)

Accounts Payable

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

Lynda Lavallee

Lynda Lavallee (Sep 17, 2024 12:32 MDT)

Accounts Payable Personnel Signature

Sep 17, 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 (Sep 17, 2024 13:34 MDT)

Director - Financial & Strategic Services Signature

Sep 17, 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

Sep 17, 2024

Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor Hughes

Month	Year
August	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-08-26	Berlin Communications Meeting	1	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
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				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 100.00

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

Sheena Hughes
Sheena Hughes (Sep 17, 2024 12:21 MDT)

Authorized By

Sep 17, 2024

Date

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 24/10/24 Month: September 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
12/09/24	Internal Audit Steering Committee									-				100.00				100.00	6005	1010	516106	
19/09/24	Annual meeting w/AHF									-				100.00				100.00	6005	1010	516106	
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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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 24/10/24 Month: September 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: 24/10/24 Month: September 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
25/09/24	ABMunis Annual Convention									-				200.00				200.00	6005	1010	516106	
26/09/24	ABMunis Annual Convention									-				200.00				200.00	6005	1010	516106	
27/09/24	ABMunis Annual Convention									-				200.00				200.00	6005	1010	516106	
										-								-				
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										-								-				

Sub-Total $ 600.00

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: 24/10/24 Month: September Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 24/10/24 Month: September 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
03/09/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516106	N/A	Mobile Dev
13/09/24	Mobile Device - Virgin Mobile	55.00	6404	1010	516106	N/A	Mobile Dev
24/09/24	Office Supplies - Costco (copy paper)	26.24	6502	1010	516106	N/A	Office/Ope

Sub-Total $ 151.24

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
23/09/24	ABMunis Annual Convention registration						262.50		262.50
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 262.50

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 24/10/24 Month: September 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	$	1,213.74
Less: BMO MasterCard	-$	262.50
Less: Expenses Paid	$	-
Net to be paid to: Councillor Hughes	$	951.24

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Hughes

Date Submitted: 24/10/24 Month: September Year: 2024

Authorizations & Approvals — **Councillor Hughes** — **September** — **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): Oct 24, 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.

Sheena Hughes (Oct 24, 2024 16:26 MDT) — Date (DD/MM/YY): Oct 24, 2024

Council Member's Signature

Accounts Payable

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

Lynda Lavallee (Oct 24, 2024 16:29 MDT) — Date (DD/MM/YY): Oct 24, 2024

Accounts Payable Personnel Signature

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 (Oct 24, 2024 16:37 MDT) — Date (DD/MM/YY): Oct 24, 2024

Director - Financial & Strategic Services Signature

Chief Administrative Officer (City Manager)

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

Date (DD/MM/YY): Oct 24, 2024

City Manager Signature

Council Per Diem Claim Report

Name:	Councillor Hughes

Month	Year
September	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-09-12	Internal Audit Committee	1.5	Half Day	$ 100.00
2024-09-19	Annual Meeting With AHF	2	Half Day	$ 100.00
2024-09-25	ABMunis Annual Convention	7	Full Day	$ 200.00
2024-09-26	ABMunis Annual Convention	7	Full Day	$ 200.00
2024-09-27	ABMunis Annual Convention	5	Full Day	$ 200.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
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				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 800.00

Full Day Events:	3
Half Day Events:	2
DM Events:	0

Sheena Hughes
Sheena Hughes (Oct 24, 2024 16:26 MDT)

Authorized By

Oct 24, 2024

Date