Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 02-08-24 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	516109
22-07-24	Tri-Region Mayor's Golf Tournament	St. Albert	Stony Plain	Return	74.00					47.36								47.36	6140	1010	516109
27-07-24	Town of Legal Fete au Village	St. Albert	Legal	Return	80.00					51.20								51.20	6140	1010	516109
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																Sub-Total		$ 198.56			

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 MacKay

Date Submitted 02-08-24 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 MacKay

Date Submitted: 02-08-24 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
06-07-24	Argos Bistro | Bar Grand Opening - DM									-				50.00				50.00	6005	1010	516109	1121
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Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 02-08-24

Month July

Year 2024

Sub-Total $ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 02-08-24 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
26-07-24	Home Internet - Shaw/Rogers		70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total $ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
18-07-24	EMRB Golf Classic						262.50		262.50
29-07-24	UDI Luncheon						79.67		79.67
29-07-24	Coffee with the Chamber						20.00		20.00
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Sub-Total $ 362.17

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 02-08-24 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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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	$	680.73
Less: BMO MasterCard	-$	362.17
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	318.56

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 02-08-24 Month July Year 2024

Authorizations & Approvals — **Councillor MacKay** — **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 2, 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.

K MacKay (Aug 29, 2024 18:46 MDT)

Council Member's Signature — Date (DD/MM/YY): Aug 29, 2024

Accounts Payable

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

Debbie Hettle (Sep 3, 2024 08:21 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Sep 3, 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

Suzanne Findlay (Sep 3, 2024 09:46 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Sep 3, 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): Sep 3, 2024

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
July	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-07-06	Argos Bistro | Bar Grand Opening - DM	2	DM Event	$ 50.00
2024-07-08	Duraline business meeting & tour	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
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				$ -
			Total Per Diem Claim:	$ 150.00

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

K MacKay
K MacKay (Aug 29, 2024 18:46 MDT)

Authorized By

Aug 29, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 10/09/24 Month: August 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					
12/08/24	Berlin Communications Meeting									-				100.00				100.00	6005	1010	516109	
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Sub-Total $ 100.00

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 MacKay

Date Submitted: 10/09/24 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 MacKay

Date Submitted: 10/09/24 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
03/08/24	Poundmaker Powwow - DM	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1030	N/A	1121
03/08/24	Poundmaker Powwow - DM									-				50.00				50.00	6005	1010	516109	1121
17/08/24	BMX Canada Cup - DM									-				50.00				50.00	6005	1010	516109	1121
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 10/09/24 Month: August Year: 2024

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Sub-Total $ 125.60

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 10/09/24 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
26/08/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total $ 70.00

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 MacKay

Date Submitted: 10/09/24

Month: August

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 10/09/24 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****

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	$ 295.60
Less: BMO MasterCard	$ -
Less: Expenses Paid	$ -
Net to be paid to: Councillor MacKay	$ 295.60

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 10/09/24 Month: August Year: 2024

Authorizations & Approvals — **Councillor MacKay** — **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 10, 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.

K MacKay
K MacKay (Sep 12, 2024 11:18 MDT)

Council Member's Signature — Sep 12, 2024 — Date (DD/MM/YY)

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Sep 16, 2024 11:24 MDT)

Accounts Payable Personnel Signature — Sep 16, 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 16, 2024 14:19 MDT)

Director - Financial & Strategic Services Signature — Sep 16, 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 16, 2024 — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
August	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-08-03	Poundmaker Powwow - DM	2.5	DM Event	$ 50.00
2024-08-12	Berlin Communications Meeting	1	Half Day	$ 100.00
2024-08-17	BMX Canada Cup - DM	3	DM Event	$ 50.00
				$ -
				$ -
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				$ -
				$ -
			Total Per Diem Claim:	$ 200.00

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

K MacKay

K MacKay (Sep 12, 2024 11:18 MDT)

Authorized By

Sep 12, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 03/10/24 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	CAT 2 Project	CAT4
04/09/24	EMRB Golf Tournament	St. Albert	Strathcona (County)	Return	66.00					42.24								42.24	6140	1010	516109	
05/09/24	Chamber meeting									-				100.00				100.00	6005	1010	516109	
10/09/24	Policing Committee									-				100.00				100.00	6005	1010	516109	
11/09/24	Mayor Bill's Charity Golf Classic	St. Albert	Beaumont	Return	98.00					62.72								62.72	6140	1010	516109	
12/09/24	Internal Audit Steering Committee									-				100.00				100.00	6005	1010	516109	
19/09/24	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6140	1010	516109	
19/09/24	Annual meeting w/AHF									-				100.00				100.00	6005	1010	516109	
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Sub-Total $ 524.16

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 MacKay

Date Submitted 03/10/24 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 MacKay

Date Submitted: 03/10/24 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
16/09/24	ABMunis Resolutions Prep Meeting									-				100.00				100.00	6005	1010	516109	
24/09/24	ABMunis Convention					St. Albert	Red Deer	One Way	179.00	114.56								114.56	6100	1010	516109	
24/09/24	ABMunis Convention									-				200.00				200.00	6005	1010	516109	
25/09/24	ABMunis Convention									-				200.00				200.00	6005	1010	516109	
26/09/24	ABMunis Convention									-				200.00				200.00	6005	1010	516109	
27/09/24	ABMunis Convention					Red Deer	St. Albert	One Way	179.00	114.56		597.03						711.59	6100	1010	516109	
27/09/24	ABMunis Convention									-				200.00				200.00	6005	1010	516109	
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 1,726.15

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 MacKay

Date Submitted: 03/10/24 Month: September Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 03/10/24 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
26/09/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total $ 70.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
05/09/24	ICSC Registration						708.75		708.75
09/09/24	ICSC Flights			471.37					471.37
13/09/24	State of the City Beaumont registration						25.00		25.00
27/09/24	BEW Rotary Breakfast registration						15.00		15.00
27/09/24	BEW Awards registration						60.00		60.00
									-
									-
									-
									-
									-

Sub-Total $ 1,280.12

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 03/10/24

Month: September

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 03/10/24 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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-
								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	$	3,600.43
Less: BMO MasterCard	-$	1,280.12
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	2,320.31

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 03/10/24 Month: September Year: 2024

Authorizations & Approvals — **Councillor MacKay** — **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 — Oct 3, 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.

K MacKay
K MacKay (Nov 14, 2024 15:41 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 09:31 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

Brenda Barclay
Brenda Barclay (Nov 15, 2024 10:28 MST)

Director - Financial & Strategic Services Signature — Nov 15, 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 15, 2024 — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
September	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-09-05	Chamber Meeting	1	Half Day	$ 100.00
2024-09-10	Policing Committee	2	Half Day	$ 100.00
2024-09-12	Internal Audit Steering Committee	2	Half Day	$ 100.00
2024-09-16	ABMunis Resolutions Prep meeting	0.5	Half Day	$ 100.00
2024-09-19	Annual Meeting w/AHF	2	Half Day	$ 100.00
2024-09-24	ABMunis Convention	5	Full Day	$ 200.00
2024-09-25	ABMunis Convention	8	Full Day	$ 200.00
2024-09-26	ABMunis Convention	8	Full Day	$ 200.00
2024-09-27	ABMunis Convention	8	Full Day	$ 200.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 1,300.00

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

K MacKay

K MacKay (Nov 14, 2024 15:41 MST)

Authorized By

Nov 14, 2024

Date