Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
05-07-24	MCMC Stampede					St. Albert	Calgary	One Way	323.00	206.72								206.72	6140	1010	516112
06-07-24	MCMC Stampede									-	5.00							5.00	6140	1010	516112
07-07-24	MCMC Stampede					Calgary	St. Albert	One Way	323.00	206.72					13.32			220.04	6140	1010	516112
08-07-24	Edmonton IRO Elders & Knowledge Holders Conference	St. Albert	Edmonton-Kingsway	Return	26.00					16.64								16.64	6140	1010	516112
16-07-24	Council BBQ - D'Arcy's									-					140.57			140.57	6140	1010	516112
18-07-24	KDays Reception	St. Albert	Edmonton-East	Return	44.00					28.16								28.16	6140	1010	516112
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
																Sub-Total		$ 617.13			

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: Mayor Heron

Date Submitted: 09-01-25 Month: July Year: 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 Month: July Year: 2024

AUMA or FCM Convention or Board Expenses

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding: ACCT	Cost Ctr	CAT 2 Project	CAT4
								CAT7_		1221	1221	1222	1226	1216	1227	1225	1224					
05-07-24	Alberta Municipalities Governance Committee Meeting	St. Albert	Edmonton-South	One Way	36.00					23.04								23.04	6100	1010	516112	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 23.04

Office of the Mayor (Official Events & Duties)

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding: ACCT	Cost Ctr	CAT2	CAT3
								CAT7_		1220	1220	1225	1226	1227	1221	1222	1222					
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 09-01-25 Month July Year 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
01-07-24	Home Internet - Shaw/Rogers	70.00	6404	1010	516112	N/A	Mobile Dev
21-07-24	Mobile Device - Telus	55.00	6404	1010	516112	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)									
17-07-24	Council Catering - Costco					66.08			66.08
18-07-24	Coffee with the Chamber registration						10.00		10.00
18-07-24	EMRB Golf Tournament registration						262.50		262.50
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 338.58

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-

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	$	1,103.75
Less: BMO MasterCard	-$	338.58
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	765.17

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 Month: July Year: 2024

Authorizations & Approvals — Mayor Heron — 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): Jan 9, 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.

Council Member's Signature — Date (DD/MM/YY): Jan 9, 2025

Accounts Payable

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

Lynda Lavallee (Jan 9, 2025 10:51 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jan 9, 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

Ann Victor (Jan 9, 2025 13:54 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jan 9, 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 9, 2025

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
29-08-24	Growth Plan Five-Year Interim Review Task Force	St. Albert	Fort Sask	Return	72.00					46.08								46.08	6140	1010	516112
										-								-			
										-								-			
										-								-		

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 Month: August Year: 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 Month: August Year: 2024

AUMA or FCM Convention or Board Expenses

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Conference or Course Registration /Event Ticket *	General Expenses *	Total	GL Coding: ACCT	Cost Ctr	CAT 2 Project	CAT4
								CAT7_		1221	1221	1222	1226	1216	1227	1225	1224					
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ -

Office of the Mayor (Official Events & Duties)

Date (DD/MM/YY)	Nature of Event/Meeting	In-Region Mileage Claim based on Chart: From	To	One Way /Return	Mileage Claim (From Chart)	Out-of-Region Mileage Claim (or In-Region, specific mileage): From	To	One Way /Return	Mileage Claim-Specific	Mileage Amount @ 0.64/km	Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total	GL Coding: ACCT	Cost Ctr	CAT2	CAT3
								CAT7_		1220	1220	1225	1226	1227	1221	1222	1222					
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 Month: August Year: 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
21-08-24	Mobile Device - Telus	55.00	6404	1010	516112	N/A	Mobile Dev
22-08-24	Home Internet - Shaw/Rogers	70.00	6404	1010	516112	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)									
28-08-24	2024 EDA 50th Anniversary Ministry Dinner						173.25		173.25
30-08-24	State of the City Registration						65.00		65.00
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 238.25

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-

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	$	409.33
Less: BMO MasterCard	-$	238.25
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	171.08

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 09-01-25 Month August Year 2024

Authorizations & Approvals **Mayor Heron** **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 — Date (DD/MM/YY): Jan 9, 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.

Council Member's Signature — Date (DD/MM/YY): Jan 9, 2025

Accounts Payable

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

Lynda Lavallee (Jan 9, 2025 10:50 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jan 9, 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 9, 2025 13:51 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jan 9, 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 9, 2025

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
17-09-24	CFR Media Launch	St. Albert	Edmonton-Downtown	Return	30.00					19.20	12.50							31.70	6140	1010	516112
20-09-24	EMRB Committee of the Whole	St. Albert	Morinville	Return	38.00					24.32								24.32	6140	1010	516112
										-								-			
										-								-			
										-								-		

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 09-01-25 Month September Year 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
24-09-24	ABMunis Fall Convention					St. Albert	Red Deer	One Way	179.00	114.56								114.56	6100	1010	516112	
27-09-24	ABMunis Fall Convention					Red Deer	St. Albert	One Way	179.00	114.56								114.56	6100	1010	516112	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 229.12

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: Mayor Heron

Date Submitted 09-01-25 Month September Year 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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
21-09-24	Mobile Device - Telus	55.00	6404	1010	516112	N/A	Mobile Dev
22-09-24	Home Internet - Shaw/Rogers	70.00	6404	1010	516112	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)									
05-09-24	ICSC Registration						708.75		708.75
09-09-24	ICSC Flights - Air Canada			471.37					471.37
23-09-24	FCM Sustainable Communities Conference Flights - Air Canada			1,024.46					1,024.46
23-09-24	FCM Advocacy Days Flights - WestJet			448.91					448.91
25-09-24	FCM Sustainable Communities Conference registration						895.00		895.00
27-09-24	Business Excellence Week Awards						60.00		60.00
27-09-24	ABMunis Convention Hotel - Red Deer Resort		597.03						597.03
									-
									-
									-

Sub-Total $ 4,205.52

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 09-01-25 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	$	4,615.66
Less: BMO MasterCard	-$	4,205.52
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	410.14

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 09-01-25 Month September Year 2024

Authorizations & Approvals **Mayor Heron** **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): Jan 9, 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.

Council Member's Signature — Date (DD/MM/YY): Jan 9, 2025

Accounts Payable

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

Lynda Lavallee
Lynda Lavallee (Jan 9, 2025 14:23 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jan 9, 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 Victor (Jan 9, 2025 15:54 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jan 9, 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 9, 2025