Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 01-05-24 Month: April 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
10-04-24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516113
17-04-24	United Way Poverty Simulation Exercise									-				100.00				100.00	6005	1010	516113
17-04-24	NSWA Nominating Committee									-				100.00				100.00	6005	1010	516113
24-04-24	ADAC									-				100.00				100.00	6005	1010	516113
25-04-24	EAC									-				100.00				100.00	6005	1010	516113
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			
										-								-			

Sub-Total $ 425.60

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 Biermanski

Date Submitted 01-05-24 Month April Year 2024

										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 01-05-24 Month: April 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 Biermanski

Date Submitted: 01-05-24 Month: April Year: 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 01-05-24 Month: April 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
11-04-24	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19-04-24	Home Internet - Telus	70.00	6404	1010	516113	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)									
16-04-24	Chamber Business@Lunch Registration						45.00		45.00
19-04-24	FCM Registration Refund						- 1,153.95		- 1,153.95
24-04-24	Sturgeon County Mayor's Golf tournament registration						319.77		319.77
									-
									-
									-
									-
									-
									-
									-

Sub-Total -$ 789.18

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 01-05-24 Month: April 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	-$	238.58
Less: BMO MasterCard	$	789.18
Less: Expenses Paid	$	-
Net to be paid to: Councillor Biermanski	$	550.60

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 01-05-24 Month April Year 2024

Authorizations & Approvals **Councillor Biermanski** **April** **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 — May 1, 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.

Shelley Biermanski
Shelley Biermanski (May 1, 2024 20:51 MDT)

Council Member's Signature — May 1, 2024 — Date (DD/MM/YY)

Accounts Payable

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

Debbie Hettle
Debbie Hettle (May 2, 2024 08:32 MDT)

Accounts Payable Personnel Signature — May 2, 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 Victoor (May 3, 2024 08:48 MDT)

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

Council Per Diem Claim Report

Name:	Councillor Biermanski

Month	Year
April	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-04-17	United Way Poverty Simulation	3	Half Day	$ 100.00
2024-04-17	NSWA Nominations Committee	0.5	Half Day	$ 100.00
2024-04-24	ADAC	2	Half Day	$ 100.00
2024-04-25	EAC	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Total Per Diem Claim: $ 400.00

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

Shelley Biermanski May 1, 2024

Shelley Biermanski (May 1, 2024 20:51 MDT)

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/06/24 Month: May 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
06/05/24	Joint City/School Board Meeting									-				100.00				100.00	6005	1010	516113	
16/05/24	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6140	1010	516113	
22/05/24	NSWA Board Meeting									-				100.00				100.00	6005	1010	516113	
22/05/24	ADAC Meeting									-				100.00				100.00	6005	1010	516113	
25/05/24	EAC Meeting									-				100.00				100.00	6005	1010	516113	
28/05/24	SRWA Prep Meeting									-				100.00				100.00	6005	1010	516113	
30/05/24	SRWA Meeting									-				100.00				100.00	6005	1010	516113	
30/05/24	AMCLC Session & Meeting									-				100.00				100.00	6005	1010	516113	
30/05/24	Business Leaders Forum									-				100.00				100.00	6005	1010	516113	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 819.20

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	Project	CAT 2 CAT4
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/06/24 Month: May Year: 2024

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/06/24 Month: May 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
25/05/24	Rodeo Reception - DM									-				50.00				50.00	6005	1010	516113	#N/A
29/05/24	Children's Festival Kickoff - DM									-				50.00				50.00	6005	1010	516113	#N/A
31/05/24	Trans Canada Yellowhead Hwy Awards - DM									-				50.00				50.00	6005	1010	516113	#N/A
31/05/24	Trans Canada Yellowhead Hwy Awards - DM	St. Albert	Edmonton-Kingsway	Return	26.00					16.64								16.64	6140	1030	N/A	#N/A
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/06/24 Month: May Year: 2024

										-								-

Sub-Total $ 166.64

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/06/24 Month: May 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
11/05/24	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19/05/24	Home Internet - Telus	70.00	6404	1010	516113	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 Biermanski

Date Submitted: 04/06/24

Month: May

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/06/24 Month: May 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	$	1,110.84
Less: BMO MasterCard	$	-
Less: Expenses Paid	$	-
Net to be paid to: Councillor Biermanski	$	1,110.84

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 04/06/24 Month May Year 2024

Authorizations & Approvals **Councillor Biermanski** **May** **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): Jun 4, 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.

Shelley Biermanski (Jun 4, 2024 17:50 MDT)

Council Member's Signature — Date (DD/MM/YY): Jun 4, 2024

Accounts Payable

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

Debbie Hettle (Jun 5, 2024 08:39 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jun 5, 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 (Jun 5, 2024 11:14 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jun 5, 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): Jun 5, 2024

Council Per Diem Claim Report

Name:	Councillor Biermanski

Month	Year
May	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-05-06	Joint City/School Board	5:30 PM	Half Day	$ 100.00
2024-05-22	NSWA Board Meeting	9:00 AM	Half Day	$ 100.00
2024-05-22	ADAC Meeting	6:00 PM	Half Day	$ 100.00
2024-05-25	EAC Meeting	6:00 PM	Half Day	$ 100.00
2024-05-25	DM Rodeo Reception		DM Event	$ 50.00
2024-05-28	SRWA Prep Meeting	9:30 AM	Half Day	$ 100.00
2024-05-29	Childrens Festival Kickoff		DM Event	$ 50.00
2024-05-30	SRWA Meeting	1:30 PM	Half Day	$ 100.00
2024-05-30	AMCLC Session & Meeting	2:20 PM	Half Day	$ 100.00
2024-05-30	Business Leaders Forum	6:00 PM	Half Day	$ 100.00
2024-05-31	Trans Canada Yellowhead Hwy Awards		DM Event	$ 50.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Total Per Diem Claim: $ 950.00

Full Day Events:	0
Half Day Events:	8
DM Events:	3

Shelley Biermanski Jun 4, 2024

Shelley Biermanski (Jun 4, 2024 17:50 MDT)

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/07/24 Month: June 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
05/06/24	EMRB Transportation Priorities									-				100.00				100.00	6005	1010	516113	
17/06/24	Budget World Café									-				100.00				100.00	6005	1010	516113	
20/06/24	EAC June Meeting Tour									-				100.00				100.00	6005	1010	516113	
20/06/24	Sturgeon County Mayor's Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516113	
26/06/24	NSWA General Meeting									-				200.00				200.00	6005	1010	516113	
26/06/24	ADAC									-				100.00				100.00	6005	1010	516113	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 625.60

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

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/07/24 Month: June Year: 2024

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/07/24 Month: June 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
14/06/24	ABMunis Summer Municipal Leaders Caucus									-				200.00				200.00	6005	1010	516113	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 200.00

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
19/06/24	Gazette Readers Choice Awards - DM									-				50.00				50.00	6005	1010	516113	#N/A
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/07/24 Month: June Year: 2024

										-								-

Sub-Total $ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/07/24 Month: June 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
11/06/24	Mobile Device - Telus	55.00	6404	1010	516113	N/A	Mobile Dev
19/06/24	Home Internet - Telus	70.00	6404	1010	516113	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)									
04/06/24	Business@Lunch Registration						45.00		45.00
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 45.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted: 04/07/24 Month: June 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	$	1,045.60
Less: BMO MasterCard	-$	45.00
Less: Expenses Paid	$	-
Net to be paid to: Councillor Biermanski	$	1,000.60

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Biermanski

Date Submitted 04/07/24 Month June Year 2024

Authorizations & Approvals **Councillor Biermanski** **June** **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): Jul 4, 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.

Shelley Biermanski (Jul 4, 2024 18:52 MDT)

Council Member's Signature — Date (DD/MM/YY): Jul 4, 2024

Accounts Payable

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

L. Lavallee (Jul 19, 2024 09:00 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jul 19, 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 (Jul 19, 2024 09:49 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jul 19, 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

Diane Enger (Jul 19, 2024 10:07 MDT)

City Manager Signature — Date (DD/MM/YY): Jul 19, 2024

Council Per Diem Claim Report

Name:	Councillor Biermanski

Month	Year
June	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-06-05	EMRB Transportation priorities	9:30	Half Day	$ 100.00
2024-06-14	AM Municipal Leaders Caucus	9:00	Full Day	$ 200.00
2024-06-17	Budget World Café	6:00 PM	Half Day	$ 100.00
2024-06-19	Gazette Readers Choice Awards	7:00 PM	DM Event	$ 50.00
2024-06-20	EAC June Meeting Tour	6:00 PM	Half Day	$ 100.00
2024-06-26	NSWA General Meeting	8:30 AM	Full Day	$ 200.00
2024-06-26	ADAC	6:00 PM	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Total Per Diem Claim:	$ 850.00

Full Day Events:	2
Half Day Events:	4
DM Events:	1

Shelley Biermanski

Shelley Biermanski (Jul 4, 2024 18:52 MDT)

Jul 4, 2024

Authorized By **Date**