Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 10/05/24 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	Project	CAT 2 CAT4
06/03/24	Seniors Meeting - Millennium Park (missed on March claim)									-				100.00				100.00	6005	1010	516114	
10/04/24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516114	
13/04/24	RCAF 100th Anniversary Gala	St. Albert	Edmonton-East	Return	44.00					28.16								28.16	6140	1010	516114	
23/04/24	CSAC									-				100.00				100.00	6005	1010	516114	
26/04/24	Edmonton Salutes									-				100.00				100.00	6005	1010	516114	
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																Sub-Total		$ 353.76				

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 Killick

Date Submitted 10/05/24 Month April 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 Killick

Date Submitted: 10/05/24 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
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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 Killick

Date Submitted 10/05/24 Month April 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 Killick

Date Submitted: 10/05/24 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
13/04/24	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19/04/24	Home Internet - Telus	70.00	6404	1010	516114	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
24/04/24	Sturgeon County Mayor's Golf Tournament registration						318.77		318.77
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Sub-Total $ 318.77

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 10/05/24 Month April Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 10/05/24 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)									
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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	$	797.53
Less: BMO MasterCard	-$	318.77
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	478.76

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 10/05/24 Month April Year 2024

Authorizations & Approvals — Councillor Killick — 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 — Date (DD/MM/YY): May 10, 2024

Council Member

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

mike killick (May 10, 2024 17:01 MDT) — Council Member's Signature — Date (DD/MM/YY): May 10, 2024

Accounts Payable

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

Debbie Hettle (May 13, 2024 08:15 MDT) — Accounts Payable Personnel Signature — Date (DD/MM/YY): May 13, 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 (May 13, 2024 11:01 MDT) — Director - Financial & Strategic Services Signature — Date (DD/MM/YY): May 13, 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): May 13, 2024

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
April	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024 04 23	Community Services Advisory	4	Half Day	$ 100.00
2024 04 26	Edmonton Salutes	3	Half Day	$ 100.00
2024 03 06	Seniors Meeting - Millennium Park (missed on March claim)	3	Half Day	$ 100.00
				$ -
				$ -
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			Total Per Diem Claim:	$ 300.00

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

mike killick (May 10, 2024 17:01 MDT)

Authorized By

May 10, 2024

Date

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 13/06/24 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 Boards meeting									-				100.00				100.00	6005	1010	516114	
11/05/24	CSAC committee meeting w/Neutral Ground									-				100.00				100.00	6005	1010	516114	
11/05/24	Yellow Ribbon Gala	St. Albert	Edmonton-East	Return	44.00					28.16								28.16	6140	1010	516114	
14/05/24	CSAC meeting with St. Albert Bereavement Fellowship									-				100.00				100.00	6005	1010	516114	
24/05/24	Edmonton Salutes									-				100.00				100.00	6005	1010	516114	
24/05/24	Edmonton Salutes	St. Albert	Strathcona (County)	Return	66.00					42.24								42.24	6140	1010	516114	
25/05/24	CSAC committee meeting w/Stop Abuse in Families									-				100.00				100.00	6005	1010	516114	
30/05/24	St. Albert Business Leaders Forum									-				100.00				100.00	6005	1010	516114	
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																Sub-Total		$ 670.40				

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

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Name: Councillor Killick

Date Submitted 13/06/24 Month May 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 Killick

Date Submitted: 13/06/24 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
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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

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Name: Councillor Killick

Date Submitted 13/06/24 Month May 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 Killick

Date Submitted: 13/06/24 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
13/05/24	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19/05/24	Home Internet - Telus	70.00	6404	1010	516114	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 13/06/24 Month May Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 13/06/24 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)									
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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	$	795.40
Less: BMO MasterCard	$	-
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	795.40

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 13/06/24 Month May Year 2024

Authorizations & Approvals Councillor Killick May 2024

Preparer

If claim form was prepared by an individual other than the Council Member, sign and date below

This 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 13, 2024

Council Member

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

mike killick (Jun 14, 2024 06:58 MDT)

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

Accounts Payable

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

Debbie Hettle
Debbie Hettle (Jun 17, 2024 09:36 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jun 17, 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 17, 2024 14:14 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jun 17, 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 17, 2024

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
May	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024 05 06	Joint City/School Boards meeting	2.5	Half Day	$ 100.00
2024 05 11	CSAC committee meeting with Neutral Ground	2	Half Day	$ 100.00
2024 05 14	CSAC meeting with St Albert Bereavement Fellowship	3	Half Day	$ 100.00
2024 05 24	Edmonton Salutes (in Stratcona County)	4	Half Day	$ 100.00
2024 05 25	CSAC committee meeting with Stop Abuse in Families	2	Half Day	$ 100.00
2024 05 30	St Albert Business Leaders Forum	3	Half Day	$ 100.00
				$ -
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Total Per Diem Claim:	$ 600.00

Full Day Events:	0
Half Day Events:	6
DM Events:	0

mike killick (Jun 14, 2024 06:58 MDT)

Authorized By

Jun 14, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 16/07/24 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
17/06/24	Budget World Café									-				100.00				100.00	6005	1010	516114	
19/06/24	CSAC - Family Resource Centre									-				100.00				100.00	6005	1010	516114	
20/06/24	Sturgeon County Mayor's Golf tournament	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516114	
27/06/24	Change of Command - Edmonton Salutes									-				100.00				100.00	6005	1010	516114	
28/06/24	Edmonton Salutes Meeting									-				100.00				100.00	6005	1010	516114	
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																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	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 Killick

Date Submitted 16/07/24 Month June 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 Killick

Date Submitted: 16/07/24 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
05/06/24	FCM					St. Albert	Calgary	One Way	319.00	204.16	31.50				30.00			265.66	6100	1010	516114	
05/06/24	FCM									-				100.00				100.00	6005	1010	516114	
06/06/24	FCM									-					85.00			85.00	6100	1010	516114	
06/06/24	FCM									-				200.00				200.00	6005	1010	516114	
07/06/24	FCM									-					40.00			40.00	6100	1010	516114	
07/06/24	FCM									-				200.00				200.00	6005	1010	516114	
08/06/24	FCM									-					60.00			60.00	6100	1010	516114	
08/06/24	FCM									-				200.00				200.00	6005	1010	516114	
09/06/24	FCM									-					60.00			60.00	6100	1010	516114	
09/06/24	FCM									-				200.00				200.00	6005	1010	516114	
10/06/24	FCM					Calgary	St. Albert	One Way	319.00	204.16	189.00	1,028.35			15.00			1,436.51	6100	1010	516114	
10/06/24	FCM									-				100.00				100.00	6005	1010	516114	
14/06/24	ABMunis Summer MLC									-				200.00				200.00	6005	1010	516114	

Sub-Total $ 3,147.17

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
21/06/24	Otipemisiwak Metis Solar opening - DM					St. Albert	Metis Crossing	Return	226.00	144.64								144.64	6140	1030	N/A	#N/A
21/06/24	Otipemisiwak Metis Solar opening - DM									-				200.00				200.00	6005	1010	516114	#N/A
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 16/07/24 Month June Year 2024

										-								-
										-								-
										-								-

Sub-Total $ 344.64

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 16/07/24 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
13/06/24	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19/06/24	Home Internet - Telus	70.00	6404	1010	516114	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
05/06/24	ABMunis Summer MLC registration						115.50		115.50
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 115.50

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 16/07/24 Month June Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 16/07/24 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	$	4,157.91
Less: BMO MasterCard	-$	115.50
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	4,042.41

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 16/07/24 Month June Year 2024

Authorizations & Approvals Councillor Killick 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 16, 2024

Council Member

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

mike killick (Jul 17, 2024 10:23 MDT)

Council Member's Signature — Date (DD/MM/YY): Jul 17, 2024

Accounts Payable

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

Debbie Hettle (Jul 22, 2024 09:16 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Jul 22, 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 (Jul 22, 2024 13:50 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Jul 22, 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 22, 2024 15:58 MDT)

City Manager Signature — Date (DD/MM/YY): Jul 22, 2024

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
June	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-06-05	FCM	3.5	Half Day	$ 100.00
2024-06-06	FCM	8	Full Day	$ 200.00
2024-06-07	FCM	8	Full Day	$ 200.00
2024-06-08	FCM	8	Full Day	$ 200.00
2024-06-09	FCM	8	Full Day	$ 200.00
2024-06-10	FCM	3.5	Half Day	$ 100.00
2024-06-14	Alberta Municipalities	8	Full Day	$ 200.00
2024-06-17	Budget World Café	2	Half Day	$ 100.00
2024-06-19	CSAC - Family Resource Centre	2	Half Day	$ 100.00
2024-06-21	Otipemisiwak Metis Solar opening - Deputy Mayor	6	Full Day	$ 200.00
2024-06-27	Change of Command - Edmonton Salutes	3	Half Day	$ 100.00
2024-06-28	Edmonton Salutes meeting	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Total Per Diem Claim:	$ 1,800.00

Full Day Events:	6
Half Day Events:	6
DM Events:	0

mike killick (Jul 17, 2024 10:23 MDT)

Authorized By

Jul 17, 2024

Date