Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 02-05-24 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
04-03-24	IASC Subcommittee (missed on March report)									-				100.00				100.00	6005	1010	516109	
05-03-24	IASC Subcommittee (missed on March report)									-				100.00				100.00	6005	1010	516109	
09-04-24	Policing Committee									-				100.00				100.00	6005	1010	516109	
10-04-24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516109	
18-04-24	UDI Luncheon	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6140	1010	516109	
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Sub-Total $ 344.80

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 MacKay

Date Submitted 02-05-24 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 MacKay

Date Submitted 02-05-24 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 MacKay

Date Submitted 02-05-24 Month April Year 2024

Sub-Total	$ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 02-05-24 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
26-04-24	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)									
18-04-24	UDI Luncheon Registration						79.67		79.67
24-04-24	Sturgeon County Mayor's Golf Tournament registration						318.77		318.77
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Sub-Total $ 398.44

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 02-05-24 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	$	813.24
Less: BMO MasterCard	-$	398.44
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	414.80

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 02-05-24 Month April Year 2024

Authorizations & Approvals **Councillor MacKay** **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 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
K MacKay (May 6, 2024 15:26 MDT)

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

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (May 7, 2024 10:04 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): May 7, 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 Victoor (May 7, 2024 11:09 MDT)

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

Chief Administrative Officer (City Manager)

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

City Manager Signature — Date (DD/MM/YY): May 7, 2024

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
April	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-03-04	IASC Subcommittee (missed on March report)	3	Half Day	$ 100.00
2024-03-05	IASC Subcommittee (missed on March report)	2	Half Day	$ 100.00
2024-04-09	Policing Committee	2	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

K MacKay
K MacKay (May 6, 2024 15:26 MDT)

Authorized By

May 6, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 17/06/24 Month: May 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					
06/05/24	Joint City/School Boards meeting									-				100.00				100.00	6005	1010	516109	
14/05/24	Policing Committee									-				100.00				100.00	6005	1010	516109	
30/05/24	Business Leader's Forum									-				100.00				100.00	6005	1010	516109	
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Sub-Total $ 300.00

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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 17/06/24 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 MacKay

Date Submitted: 17/06/24 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
03/05/24	Round Dance J. M. Demko - DM									-				50.00				50.00	6005	1010	516109	1121
04/05/24	LBH Anniversary - DM									-				50.00				50.00	6005	1010	516109	1121
29/05/24	Unit 19 Mural Unveiling - 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: 17/06/24 Month: May Year: 2024

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Sub-Total $ 150.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 17/06/24 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)

Date (DD/MM/YY)	Detailed Description	Total	GL Coding ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
26/05/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516109	N/A	Mobile Dev

Sub-Total $ 70.00

BMO MasterCard Expenses

Date (DD/MM/YY)		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
08/05/24	UDI Luncheon Registration						79.67		79.67
									-
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Sub-Total $ 79.67

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 17/06/24

Month: May

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 17/06/24 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	$	599.67
Less: BMO MasterCard	-$	79.67
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	520.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 17/06/24 Month: May Year: 2024

Authorizations & Approvals — **Councillor MacKay** — **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 — Jun 17, 2024 — Date (DD/MM/YY)

Council Member

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

K MacKay
K MacKay (Jun 17, 2024 18:19 MDT) — Jun 17, 2024

Council Member's Signature — Date (DD/MM/YY)

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Jun 18, 2024 09:17 MDT) — Jun 18, 2024

Accounts Payable Personnel Signature — 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 Victory (Jun 18, 2024 09:37 MDT) — Jun 18, 2024

Director - Financial & Strategic Services Signature — 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

Jun 18, 2024

City Manager Signature — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
May	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-05-03	Round Dance J.M. Demko - DM	2	DM Event	$ 50.00
2024-05-04	LBH Anniversary Celebration - DM	0.75	DM Event	$ 50.00
2024-05-06	Joint City/School Boards Meeting	2.5	Half Day	$ 100.00
2024-05-14	Policing Committee	2	Half Day	$ 100.00
2024-05-29	Unit 19 Mural Unveiling - DM	1	DM Event	$ 50.00
2024-05-30	Business Leaders Forum	2.5	Half Day	$ 100.00
				$ -
				$ -
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				$ -
			Total Per Diem Claim:	$ 450.00

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

K MacKay
K MacKay (Jun 17, 2024 18:19 MDT)

Authorized By

Jun 17, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 11/07/24 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	CAT 2 Project	CAT4
11/06/24	Policing Committee									-				100.00				100.00	6005	1010	516109	
17/06/24	Budget World Café									-				100.00				100.00	6005	1010	516109	
20/06/24	Sturgeon County Mayor's Golf Tournament	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516109	
25/06/24	Meeting w/Central AB District RCMP (Policing Committee)									-				100.00				100.00	6005	1010	516109	
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Sub-Total $ 325.60

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
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Council Member Monthly Expense Claim Form

	Select From List
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Name: Councillor MacKay

Date Submitted 11/07/24 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 MacKay

Date Submitted: 11/07/24 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								204.16	6100	1010	516109	
05/06/24	FCM									-				100.00				100.00	6005	1010	516109	
06/06/24	FCM									-				200.00				200.00	6005	1010	516109	
07/06/24	FCM									-				200.00				200.00	6005	1010	516109	
08/06/24	FCM									-				200.00				200.00	6005	1010	516109	
09/06/24	FCM									-				200.00				200.00	6005	1010	516109	
10/06/24	FCM					Calgary	St. Albert	One Way	319.00	204.16	189.00	1,028.36			110.45			1,531.97	6100	1010	516109	
10/06/24	FCM									-				100.00				100.00	6005	1010	516109	
										-								-				
										-								-				
										-								-				

Sub-Total $ 2,736.13

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	National Indigenous Peoples Day - DM									-				50.00				50.00	6005	1010	516109	1121
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 11/07/24 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 MacKay

Date Submitted: 11/07/24 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
26/06/24	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)									
24/06/24	ABMunis Convention 2024						698.25		698.25
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 698.25

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 11/07/24

Month: June

Year: 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 11/07/24 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	$	3,879.98
Less: BMO MasterCard	-$	698.25
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	3,181.73

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 11/07/24 Month June Year 2024

Authorizations & Approvals **Councillor MacKay** **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 — Jul 15, 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 (Jul 17, 2024 16:47 MDT) — Jul 17, 2024

Council Member's Signature — Date (DD/MM/YY)

Accounts Payable

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

Yukiko Shionoya

Yukiko Shionoya (Jul 18, 2024 09:39 MDT) — Jul 18, 2024

Accounts Payable Personnel Signature — 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

Suzanne Findlay

Suzanne Findlay (Jul 18, 2024 10:22 MDT) — Jul 18, 2024

Director - Financial & Strategic Services Signature — 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

Diane Enger (Jul 18, 2024 10:28 MDT) — Jul 18, 2024

City Manager Signature — Date (DD/MM/YY)

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
June	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-06-05	FCM travel	3	Half Day	$ 100.00
2024-06-06	FCM	10	Full Day	$ 200.00
2024-06-07	FCM	10	Full Day	$ 200.00
2024-06-08	FCM	10	Full Day	$ 200.00
2024-06-09	FCM	10	Full Day	$ 200.00
2024-06-10	FCM travel	3	Half Day	$ 100.00
2024-06-11	Policing Committee	2	Half Day	$ 100.00
2024-06-17	Budget World Café	2	Half Day	$ 100.00
2024-06-21	National Indigenous Peoples Day - DM	2	DM Event	$ 50.00
2024-06-25	Meeting w/Central AB District RCMP (Policing Committee)	1	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 1,350.00

Full Day Events:	4
Half Day Events:	5
DM Events:	1

K MacKay

K MacKay (Jul 17, 2024 16:47 MDT)

Authorized By

Jul 17, 2024

Date