Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16/02/24 Month: January 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
10/01/24	MCMC Summit					St. Albert	Canmore	One Way	413.00	264.32					35.00			299.32	6140	1010	516104	
10/01/24	MCMC Summit									-				200.00				200.00	6005	1010	516104	
11/01/24	MCMC Summit									-					10.00			10.00	6140	1010	516104	
11/01/24	MCMC Summit									-				200.00				200.00	6005	1010	516104	
12/01/24	MCMC Summit					Canmore	St. Albert	One Way	413.00	264.32		559.04			35.00			858.36	6140	1010	516104	
12/01/24	MCMC Summit									-				200.00				200.00	6005	1010	516104	
15/01/24	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					25.60								25.60	6140	1010	516104	
16/01/24	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					25.60								25.60	6140	1010	516104	
29/01/24	Red Tape Reduction - Minister Nally									-				100.00				100.00	6005	1010	516104	
										-								-				
										-								-				
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										-								-				
																Sub-Total		$ 1,918.88				

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 Brodhead

Date Submitted: 16/02/24 Month: January 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 Brodhead

Date Submitted 16/02/24 Month January 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					
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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					
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16/02/24 Month: January Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16/02/24 Month: January 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
18/01/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516104	N/A	Mobile Dev
25/01/24	Mobile Device - Bell	55.00	6404	1010	516104	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)									
18/01/24	ABMunis Spring MLC Registration						262.50		262.50
18/01/24	Taste of Africa Registration						20.05		20.05
25/01/24	WestJet - CUTA			759.76					759.76
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Sub-Total $ 1,042.31

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16/02/24 Month: January 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	$	3,086.19
Less: BMO MasterCard	-$	1,042.31
Less: Expenses Paid	$	-
Net to be paid to: Councillor Brodhead	$	2,043.88

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 16/02/24 Month: January Year: 2024

Authorizations & Approvals — **Councillor Brodhead** — **January** — **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): Feb 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.

Wes Brodhead (Feb 16, 2024 14:19 MST)

Council Member's Signature — Date (DD/MM/YY): Feb 16, 2024

Accounts Payable

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

L. Lavallee (Feb 16, 2024 14:22 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Feb 16, 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 Victoo (Feb 16, 2024 15:18 MST)

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

Council Per Diem Claim Report

Name:	Councillor Brodhead

Month	Year
January	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-01-10	Midsized City Mayor's Caucus - Canmore	All Day	Full Day	$ 200.00
2024-01-11	Midsized City Mayor's Caucus - Canmore	All Day	Full Day	$ 200.00
2024-01-12	Midsized City Mayor's Caucus - Canmore	All Day	Full Day	$ 200.00
2024-01-29	Red Tape Reduction - Minister Nally	1	Half Day	$ 100.00
				$ -
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			Total Per Diem Claim:	$ 700.00

Full Day Events:	3
Half Day Events:	1
DM Events:	0

Wes Brodhead
Wes Brodhead (Feb 16, 2024 14:19 MST)

Feb 16, 2024

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 13/03/24 Month: February 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
01/02/24	EMAC									-				100.00				100.00	6005	1010	516104	
07/02/24	CUTA									-				200.00				200.00	6005	1010	516104	
08/02/24	UDI/CHBA Meeting w/Council									-				100.00				100.00	6005	1010	516104	
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Sub-Total $ 400.00

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 Brodhead

Date Submitted: 13/03/24 Month: February 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 Brodhead

Date Submitted: 13/03/24 Month: February 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
29/02/24	Grade 6 Gov't Visit - DM									-				50.00				50.00	6005	1010	516104	1123
29/02/24	Grade 6 Gov't Visit - DM									-				50.00				50.00	6005	1010	516104	1123
										-								-				
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 13/03/24 Month: February Year: 2024

										-								-

Sub-Total $ 100.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 13/03/24 Month: February 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
18/02/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516104	N/A	Mobile Dev
25/02/24	Mobile Device - Bell	55.00	6404	1010	516104	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)									
06/02/24	Business Breakfast Registration						38.61		38.61
08/02/24	CUTA Annual Conference Registration						1,207.50		1,207.50
13/02/24	FCM Annual Conference Registration						1,602.30		1,602.30
									-
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Sub-Total $ 2,848.41

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 13/03/24 Month February Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 13/03/24 Month: February 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	$ 3,473.41
Less: BMO MasterCard	-$ 2,848.41
Less: Expenses Paid	$ -
Net to be paid to: Councillor Brodhead	$ 625.00

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 13/03/24 Month February Year 2024

Authorizations & Approvals | **Councillor Brodhead** | **February** | **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): Mar 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.

Wes Brodhead (Mar 13, 2024 21:52 MDT)

Council Member's Signature — Date (DD/MM/YY): Mar 13, 2024

Accounts Payable

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

Lynda Lavallee (Mar 14, 2024 08:40 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Mar 14, 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 (Mar 14, 2024 10:16 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Mar 14, 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): Mar 14, 2024

Council Per Diem Claim Report

Name:	Councillor Brodhead

Month	Year
February	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
February 1, 2024	Emergency Management Advisory Committee Meeting	2	Half Day	$ 100.00
February 7, 2024	CUTA Executive Committee Meeting	9	Full Day	$ 200.00
February 8, 2024	Council/UDI/CHBQ Meeting	3	Half Day	$ 100.00
February 29, 2024	Grade 6 Field Trip - 10:30 AM	1	DM Event	$ 50.00
February 29, 2024	Grade 6 Field Trip - 1:30 PM	1	DM Event	$ 50.00
				$ -
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				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 500.00

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

Wes Brodhead
Wes Brodhead (Mar 13, 2024 21:52 MDT)

Authorized By

Mar 13, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 09/04/24 Month: March 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 Association Meeting - Millennium Park									-				100.00				100.00	6005	1010	516104	
08/03/24	Internal Audit Steering Committee									-				100.00				100.00	6005	1010	516104	
11/03/24	Annual Meeting w/Chamber of Commerce									-				100.00				100.00	6005	1010	516104	
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Sub-Total $ 300.00

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 Brodhead

Date Submitted: 09/04/24 Month: March 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 Brodhead

Date Submitted: 09/04/24 Month: March 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
14/03/24	ABMunis Spring Municipal Leaders Caucus	St. Albert	Edmonton-Downtown	Return	30.00					19.20	40.50							59.70	6100	1010	516104	
14/03/24	ABMunis Spring Municipal Leaders Caucus									-				200.00				200.00	6005	1010	516104	
15/03/24	ABMunis Spring Municipal Leaders Caucus	St. Albert	Edmonton-Downtown	Return	30.00					19.20	17.50							36.70	6100	1010	516104	
15/03/24	ABMunis Spring Municipal Leaders Caucus									-				200.00				200.00	6005	1010	516104	
										-								-				
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Sub-Total $ 496.40

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 Brodhead

Date Submitted: 09/04/24 Month: March Year: 2024

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 09/04/24 Month: March 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
18/03/24	Home Internet - Shaw/Rogers	70.00	6404	1010	516104	N/A	Mobile Dev
25/03/24	Mobile Device - Bell	55.00	6404	1010	516104	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)									
09/03/24	Sheraton Suites - FCM Convention Deposit		257.10						257.10
12/03/24	Tri-Region Mayor's Golf Classic						212.50		212.50
									-
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Sub-Total $ 469.60

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 09/04/24 Month March Year 2024

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted: 09/04/24 Month: March 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	$ 1,391.00
Less: BMO MasterCard	-$ 469.60
Less: Expenses Paid	$ -
Net to be paid to: Councillor Brodhead	$ 921.40

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Brodhead

Date Submitted 09/04/24 Month March Year 2024

Authorizations & Approvals | **Councillor Brodhead** | **March** | **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): Apr 9, 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.

Wes Brodhead (Apr 9, 2024 10:28 MDT)

Council Member's Signature — Date (DD/MM/YY): Apr 9, 2024

Accounts Payable

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

Lynda Lavallee (Apr 9, 2024 10:30 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Apr 9, 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 (Apr 9, 2024 10:36 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Apr 9, 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): Apr 9, 2024

Council Per Diem Claim Report

Name:	Councillor Brodhead

Month	Year
March	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
March 6, 2024	Seniors Meeting - Millenium Park	3	Half Day	$ 100.00
March 8, 2024	Internal Audit Steering Committee	2	Half Day	$ 100.00
March 11, 2024	Annual Meeting - Council and SA Chamber of Commerce	3	Half Day	$ 100.00
March 14, 2024	ABMunis Spring Caucus	12	Full Day	$ 200.00
March 15, 2024	ABMunis Spring Caucus	4.5	Full Day	$ 200.00
				$ -
				$ -
				$ -
				$ -
				$ -
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				$ -
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				$ -
			Total Per Diem Claim:	$ 700.00

Full Day Events:	2
Half Day Events:	3
DM Events:	0

Wes Brodhead
Wes Brodhead (Apr 9, 2024 10:28 MDT)

Authorized By

Apr 9, 2024

Date