Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 05-03-24 Month: January Year: 2024

General Council Related Business		In-Region Mileage Claim based on Chart				Out-of-Region Mileage Claim (or In-Region, specific mileage)														GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To	One Way /Return	Mileage Claim km's (From Chart)	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	ACCT	Cost Ctr	CAT 2 Project	CAT4
								CAT7_		1220	1220	1225	1226		1221	1222	1222					
09-01-24	Policing Committee									-				100.00				100.00	6005	1010	516109	
10-01-24	MCMC Summit					St. Albert	Canmore	One Way	411.00	263.04								263.04	6140	1010	516109	
10-01-24	MCMC Summit & travel									-				200.00				200.00	6005	1010	516109	
11-01-24	MCMC Summit									-				200.00				200.00	6005	1010	516109	
12-01-24	MCMC Summit & travel									-				200.00				200.00	6005	1010	516109	
12-01-24	MCMC Summit					Canmore	St. Albert	One Way	411.00	263.04		559.04						822.08	6140	1010	516109	
15-01-24	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					25.60								25.60	6140	1010	516109	
16-01-24	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					25.60								25.60	6140	1010	516109	
19-01-24	ICSC Whistler Travel	St. Albert	EIA	One Way	52.00					33.28								33.28	6140	1010	516109	
19-01-24	ICSC Whistler									-				100.00				100.00	6005	1010	516109	
20-01-24	ICSC Whistler Convention									-		228.07						228.07	6140	1010	516109	
21-01-24	ICSC Whistler Convention									-				200.00				200.00	6005	1010	516109	
22-01-24	ICSC Whistler Convention									-				200.00				200.00	6005	1010	516109	
23-01-24	ICSC Whistler Convention & Travel									-				200.00				200.00	6005	1010	516109	
23-01-24	ICSC Whistler Convention & Travel	EIA	St. Albert	One Way	52.00					33.28	193.00	309.55						535.83	6140	1010	516109	
29-01-24	Red Tape Reduction - Minister Nally									-				100.00				100.00	6005	1010	516109	
																Sub-Total		$ 3,433.50				

Professional Development		In-Region Mileage Claim based on Chart				Out-of-Region Mileage Claim (or In-Region, specific mileage)														GL Coding			
Date (DD/MM/YY)	Nature of Event/Meeting	From	To	One Way /Return	Mileage Claim (From Chart)	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	ACCT	Cost Ctr	CAT 2 Project	CAT4
								CAT7_		1221	1221	1222	1226	1216	1227	1225	1224					
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 05-03-24 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 MacKay

Date Submitted 05-03-24 Month January 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
09-01-24	ABMunis LGFF Webinar									-				100.00				100.00	6005	1010	516109	
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Sub-Total $ 100.00

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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 05-03-24 Month January Year 2024

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 05-03-24 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
26-01-24	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)									
11-01-24	SCHF Gala Registration						300.00		300.00
16-01-24	Taste of Africa Registratin						20.05		20.05
22-01-24	ICSC Flight Refund			- 24.15					- 24.15
22-01-24	ABMunis Spring MLC Registration						262.50		262.50
22-01-24	ICSC Return Flight			505.18					505.18
25-01-24	UDI Luncheon Registration						79.67		79.67
									-
									-
									-
									-

Sub-Total $ 1,143.25

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 05-03-24 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	$	4,746.75
Less: BMO MasterCard	-$	1,143.25
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	3,603.50

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 05-03-24 Month January Year 2024

Authorizations & Approvals **Councillor MacKay** **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): Mar 5, 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 (Mar 5, 2024 13:57 MST)

Council Member's Signature — Date (DD/MM/YY): Mar 5, 2024

Accounts Payable

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

Yukiko Shionoya

Yukiko Shionoya (Mar 6, 2024 09:38 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Mar 6, 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 6, 2024 17:51 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Mar 6, 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 6, 2024

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
January	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-01-09	ABMunis LGFF Webinar	1	Half Day	$ 100.00
2024-01-09	Policing Committee	2	Half Day	$ 100.00
2024-01-10	MCMC Summit & Travel	8	Full Day	$ 200.00
2024-01-11	MCMC Summit	10	Full Day	$ 200.00
2024-01-12	MCMC Summit & Travel	8	Full Day	$ 200.00
2024-01-19	ICSC Whistler travel	2	Half Day	$ 100.00
2024-01-21	ICSC Whistler Convention	10	Full Day	$ 200.00
2024-01-22	ICSC Whistler Convention	10	Full Day	$ 200.00
2024-01-23	ICSC Whistler Convention & travel	6	Full Day	$ 200.00
2024-01-29	Red Tape Reduction - Minister Nally	1	Half Day	$ 100.00
				$ -
				$ -
				$ -
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				$ -
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				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 1,600.00

Full Day Events:	6
Half Day Events:	4
DM Events:	0

K MacKay
K MacKay (Mar 5, 2024 13:57 MST)

Authorized By

Mar 5, 2024

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 05-03-24 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	CAT 2 Project	CAT4
01-02-24	Emergency Management Advisory Committee									-				100.00				100.00	6005	1010	516109	
08-02-24	UDI/CHBA Meeting w/Council									-				100.00				100.00	6005	1010	516109	
13-02-24	Policing Committee									-				100.00				100.00	6005	1010	516109	
15-02-24	Meeting with St. Albert Chamber									-				100.00				100.00	6005	1010	516109	
21-02-24	Meeting with Kdivision Commander									-				100.00				100.00	6005	1010	516109	
27-02-24	Quarterly Meeting with Chamber Chair									-				100.00				100.00	6005	1010	516109	
29-02-24	IASC Committee									-				100.00				100.00	6005	1010	516109	
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																Sub-Total		$ 700.00				

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	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 05-03-24 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 MacKay

Date Submitted 05-03-24 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
01-02-24	St. Albert Curling Club Anniversary - DM									-				50.00				50.00	6005	1010	516109	1121
03-02-24	Black History Month Proclamation - 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 05-03-24 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 MacKay

Date Submitted: 05-03-24 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
26-02-24	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)									
06-02-24	Business Breakfast Registration						38.61		38.61
13-02-24	FCM Annual Conference Registration						1,153.95		1,153.95
26-02-24	State of the City Edmonton Registration						115.50		115.50
									-
									-
									-
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									-
									-
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Sub-Total $ 1,308.06

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 05-03-24 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	$ 2,178.06
Less: BMO MasterCard	-$ 1,308.06
Less: Expenses Paid	$ -
Net to be paid to: Councillor MacKay	$ 870.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 05-03-24 Month February Year 2024

Authorizations & Approvals **Councillor MacKay** **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 5, 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 (Mar 5, 2024 10:09 MST)

Council Member's Signature — Date (DD/MM/YY): Mar 5, 2024

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Mar 5, 2024 10:40 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Mar 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 Victoor (Mar 5, 2024 15:54 MST)

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

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
February	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-02-01	Emergency Management Advisory Committee	1.5	Half Day	$ 100.00
2024-02-01	St. Albert Curling Club Anniversary - DM	0.5	DM Event	$ 50.00
2024-02-03	Black History Month Proclamation - DM	2	DM Event	$ 50.00
2024-02-08	UDI/CHBA Meeting w/Council	2	Half Day	$ 100.00
2024-02-13	Policing Committee	2	Half Day	$ 100.00
2024-02-15	Meeting with St. Albert Chamber	1	Half Day	$ 100.00
2024-02-21	Meeting with Kdivision Commander	1	Half Day	$ 100.00
2024-02-27	Quarterly Meeting with Chamber Chair	1	Half Day	$ 100.00
2024-02-29	IASC Committee	2	Half Day	$ 100.00
				$ -
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				$ -
				$ -
				$ -

Total Per Diem Claim: $ 800.00

Full Day Events:	0
Half Day Events:	7
DM Events:	2

K MacKay
K MacKay (Mar 5, 2024 10:09 MST)

Authorized By

Mar 5, 2024

Date

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 03-04-24 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
08-03-24	Internal Audit Steering Committee									-				100.00				100.00	6005	1010	516109	
11-03-24	Annual Meeting w/Chamber									-				100.00				100.00	6005	1010	516109	
12-03-24	Policing Committee									-				100.00				100.00	6005	1010	516109	
13-03-24	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					25.60								25.60	6140	1010	516109	
21-03-24	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 03-04-24 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 MacKay

Date Submitted: 03-04-24 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 Leader's Caucus									-				200.00				200.00	6005	1010	516109	
14-03-24	ABMunis Spring Municipal Leader's Caucus	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6100	1010	516109	
15-03-24	ABMunis Spring Municipal Leader's Caucus									-				200.00				200.00	6005	1010	516109	
15-03-24	ABMunis Spring Municipal Leader's Caucus	St. Albert	Edmonton-Downtown	Return	30.00					19.20								19.20	6100	1010	516109	
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Sub-Total $ 438.40

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
13-03-24	Grade 6 Gov't Field Trip - 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 03-04-24 Month March 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: 03-04-24 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
26-03-24	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)									
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
15-03-24	UDI Luncheon Registration						79.67		79.67
									-
									-
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									-

Sub-Total $ 549.27

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted: 03-04-24 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)									
									-
									-
									-
									-
									-
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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	$	1,452.47
Less: BMO MasterCard	-$	549.27
Less: Expenses Paid	$	-
Net to be paid to: Councillor MacKay	$	903.20

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor MacKay

Date Submitted 03-04-24 Month March Year 2024

Authorizations & Approvals **Councillor MacKay** **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 3, 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 (Apr 5, 2024 08:36 MDT)

Council Member's Signature — Date (DD/MM/YY): Apr 5, 2024

Accounts Payable

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

Yukiko Shionoya
Yukiko Shionoya (Apr 8, 2024 09:28 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Apr 8, 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 8, 2024 10:08 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Apr 8, 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 8, 2024

Council Per Diem Claim Report

Name:	Councillor MacKay

Month	Year
March	2024

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2024-03-08	Internal Audit Steering Committee	1	Half Day	$ 100.00
2024-03-11	Annual Meeting w/Chamber	2	Half Day	$ 100.00
2024-03-12	Policing Committee	2	Half Day	$ 100.00
2024-03-13	Grade 6 Gov't Field Trip - DM	0.5	DM Event	$ 50.00
2024-03-14	ABMunis Spring Municipal Leader's Caucus	9.5	Full Day	$ 200.00
2024-03-15	ABMunis Spring Municipal Leader's Caucus	5	Full Day	$ 200.00
				$ -
				$ -
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				$ -
				$ -
				$ -

Total Per Diem Claim: $ 750.00

Full Day Events:	2
Half Day Events:	3
DM Events:	1

K MacKay
K MacKay (Apr 5, 2024 08:36 MDT)

Authorized By

Apr 5, 2024

Date