# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 06/11/25 Month: October Year: 2025

**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 @ 0.66/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 | | | | | |
| 22/10/25 | Chamber Business@Lunch | St. Albert | Sturgeon (County) | Return | 40.00 | | | | | 26.40 | | | | | | | | 26.40 | 6140 | 1010 | 516106 | |
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Sub-Total $ 26.40

**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 @ 0.66/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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# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 06/11/25 Month October Year 2025

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Sub-Total $ -

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 06/11/25 Month: October Year: 2025

| **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 @ 0.66/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 @ 0.66/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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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 06/11/25 Month October Year 2025

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Sub-Total $ -

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 06/11/25 Month: October Year: 2025

| **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 | |
| 03/10/25 | Home Internet - Shaw/Rogers | 70.00 | 6404 | 1010 | 516106 | N/A | Mobile Dev | |
| 13/10/25 | Mobile Device - Virgin Mobile | 55.00 | 6404 | 1010 | 516106 | N/A | Mobile Dev | |
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Sub-Total $ 125.00

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

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 06/11/25 Month October Year 2025

# Council Member Monthly Expense Claim Form

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|---|---|
| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 06/11/25 Month: October Year: 2025

| 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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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 | $ 151.40 |
| Less: BMO MasterCard | $ - |
| Less: Expenses Paid | $ - |
| Net to be paid to: Councillor Hughes | $ 151.40 |

# Council Member Monthly Expense Claim Form

| | |
|---|---|
| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 06/11/25 Month: October Year: 2025

**Authorizations & Approvals** — **Councillor Hughes** — **October** — **2025**

**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): 2025-11-06

**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.

Sheena Hughes
Sheena Hughes (Nov 6, 2025 13:43:59 MST)
Council Member's Signature — Date (DD/MM/YY): 2025-11-06

**Accounts Payable**

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

Justine Onishko (Nov 6, 2025 13:46:52 MST)
Accounts Payable Personnel Signature — Date (DD/MM/YY): 2025-11-06

**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 (Nov 6, 2025 14:02:10 MST)
Director - Financial & Strategic Services Signature — Date (DD/MM/YY): 2025-11-06

**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

William Fletcher (Nov 6, 2025 14:04:08 MST)
City Manager Signature — Date (DD/MM/YY): 2025-11-06

# Council Per Diem Claim Report

| Name: | Councillor Hughes |
|---|---|

| Month | Year |
|---|---|
| October | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
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| | | | **Total Per Diem Claim:** | $ - |

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| Full Day Events: | 0 |
| Half Day Events: | 0 |
| DM Events: | 0 |

Sheena Hughes
Sheena Hughes (Nov 6, 2025 13:43:59 MST)

2025-11-06

**Authorized By** **Date**

v. Nov2025

# Council Member Monthly Expense Claim Form

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|---|---|
| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/12/25 Month November Year 2025

| **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 @ 0.66/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 |
| 19/11/25 | St. Albert Housing Society Fundraising Luncheon | St. Albert | Sturgeon (County) | Return | 40.00 | | | | | 26.40 | | | | | | | | 26.40 | 6140 | 1010 | 516106 | |
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v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/12/25 Month November Year 2025

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Sub-Total $ -

v. Nov2025

# Council Member Monthly Expense Claim Form

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|---|---|
| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/12/25 Month November Year 2025

| 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 @ 0.66/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 @ 0.66/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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v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 02/12/25 Month: November Year: 2025

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Sub-Total $ -

v. Nov2025

# Council Member Monthly Expense Claim Form

| | |
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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 02/12/25 Month: November Year: 2025

| 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 |
| 01/11/25 | Home Office Stipend - in accordance with Council policy C-CC-03, section 36 | 1,000.00 | 6502 | 1010 | 516106 | N/A | Office/Ope |
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Sub-Total $ 1,000.00

| BMO MasterCard Expenses | | Other Transportation & Parking * | Accommodations * | Airfare* | Per Diems* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|---|---|---|---|---|---|---|---|---|---|
| Date (DD/MM/YY) | | | | | | | | | |
| 04/11/25 | Chamber Business@Lunch Registration | | | | | | 45.00 | | 45.00 |
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Sub-Total $ 45.00

v. Nov2025

# Council Member Monthly Expense Claim Form

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|---|---|
| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 02/12/25 Month: November Year: 2025

| 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) | | | | | | | | | |
| 25/11/25 | Sunshine Promotions - Name Badges | | | | | | | 40.00 | 40.00 |
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Sub-Total $ 40.00

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 | $ | 1,111.40 |
| Less: BMO MasterCard | -$ | 45.00 |
| Less: Expenses Paid | -$ | 40.00 |
| Net to be paid to: Councillor Hughes | $ | 1,026.40 |

v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/12/25 Month November Year 2025

**Authorizations & Approvals** — **Councillor Hughes** — **November** — **2025**

**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): 2025-12-02

**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.

Sheena Hughes
Sheena Hughes (Dec 2, 2025 15:29:02 MST)

Council Member's Signature — Date (DD/MM/YY): 2025-12-02

**Accounts Payable**

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

christine lindal
christine lindal (Dec 2, 2025 16:28:04 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): 2025-12-02

**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 (Dec 2, 2025 16:34:58 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): 2025-12-02

**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

William Fletcher (Dec 2, 2025 16:45:49 MST)

City Manager Signature — Date (DD/MM/YY): 2025-12-02

v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/01/26 Month December Year 2025

| **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 @ 0.66/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 |
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Sub-Total $ -

| **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 @ 0.66/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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v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
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Name: Councillor Hughes

Date Submitted 02/01/26 Month December Year 2025

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Sub-Total $ -

v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/01/26 Month December Year 2025

| **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 @ 0.66/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 @ 0.66/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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v. Nov2025

# Council Member Monthly Expense Claim Form

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| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/01/26 Month December Year 2025

Sub-Total $ -

v. Nov2025

# Council Member Monthly Expense Claim Form

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|---|---|
| | Select From List |
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted 02/01/26 Month December Year 2025

| **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 |
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Sub-Total $ -

| **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 $ -

v. Nov2025

# Council Member Monthly Expense Claim Form

| | Select From List |
|---|---|
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 02/01/26 Month: December Year: 2025

| 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) | | | | | | | | | |
| 01/12/25 | Rileys Enterprise Solutions - Business cards | | | | | | | 55.97 | 55.97 |
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Sub-Total $ 55.97

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 | $ | 55.97 |
| Less: BMO MasterCard | $ | - |
| Less: Expenses Paid | -$ | 55.97 |
| Net to be paid to: Councillor Hughes | $ | - |

# Council Member Monthly Expense Claim Form

| | Select From List |
|---|---|
| | Do not enter in "Grey" cells |

Name: Councillor Hughes

Date Submitted: 02/01/26 Month: December Year: 2025

**Authorizations & Approvals** — **Councillor Hughes** — **December** — **2025**

**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): 01/02/2026

**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.

Sheena Hughes
Sheena Hughes (Jan 7, 2026 11:22:31 MST)
Council Member's Signature — Date (DD/MM/YY): 01/07/2026

**Accounts Payable**

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

christine lindal
christine lindal (Jan 7, 2026 12:36:48 MST)
Accounts Payable Personnel Signature — Date (DD/MM/YY): 01/07/2026

**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 (Jan 7, 2026 13:08:29 MST)
Director - Financial & Strategic Services Signature — Date (DD/MM/YY): 01/07/2026

**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

William Fletcher (Jan 7, 2026 13:19:34 MST)
City Manager Signature — Date (DD/MM/YY): 01/07/2026