# Council Member Monthly Expense Claim Form

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| (peach cell) | Select From List |
| (grey cell) | Do not enter in "Grey" cells |

**Name:** Councillor MacKay

Date Submitted: 01-05-25 | Month: April | 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 |
| 04-04-25 | Internal Audit Steering Committee | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| 08-04-25 | Policing Committee | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
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Sub-Total $ 200.00

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

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| | Select From List |
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Name: Councillor MacKay

Date Submitted 01-05-25 Month April 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 MacKay

Date Submitted 01-05-25 Month April 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 |
| 09-04-25 | International Municipal Signal Association - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 1121 |
| 09-04-25 | International Municipal Signal Association - DM | St. Albert | Edmonton-South | Return | 72.00 | | | | | 47.52 | | | | | | | | 47.52 | 6140 | 1030 | N/A | 1121 |
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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 MacKay

Date Submitted 01-05-25 Month April Year 2025

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| Sub-Total | $ 97.52 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 01-05-25 Month: April 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 |
| 26-04-25 | Home Internet - Shaw/Rogers | 70.00 | 6404 | 1010 | 516109 | N/A | Mobile Dev |
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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) | | | | | | | | | |
| 16-04-25 | St. Albert Chamber Golf Tournament registration | | | | | | 208.95 | | 208.95 |
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Sub-Total $ 208.95

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 01-05-25 Month: April 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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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

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| Grand Total Expenses | $ | 576.47 |
| Less: BMO MasterCard | -$ | 208.95 |
| Less: Expenses Paid | $ | - |
| Net to be paid to: Councillor MacKay | $ | 367.52 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 01-05-25 Month April Year 2025

**Authorizations & Approvals** **Councillor MacKay** **April** **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): 05/01/2025

**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 1, 2025 14:40 MDT)

Council Member's Signature — Date (DD/MM/YY): 05/01/2025

**Accounts Payable**

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

Yukiko Shionoya

Yukiko Shionoya (May 2, 2025 09:52 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): 05/02/2025

**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

Anne Victoor (May 2, 2025 12:02 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): 05/02/2025

**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 (May 2, 2025 12:27 MDT)

City Manager Signature — Date (DD/MM/YY): 05/02/2025

# Council Per Diem Claim Report

| Name: | Councillor MacKay |
|---|---|

| Month | Year |
|---|---|
| April | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
| 2025-04-04 | Internal Audit Steering Committee | 3 | Half Day | $ 100.00 |
| 2025-04-08 | Policing Committee | 2 | Half Day | $ 100.00 |
| 2025-04-09 | International Municipal Signal Association - DM | 1 | DM Event | $ 50.00 |
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| | | | Total Per Diem Claim: | $ 250.00 |

| Full Day Events: | 0 |
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| Half Day Events: | 2 |
| DM Events: | 1 |

K MacKay

K MacKay (May 1, 2025 14:40 MDT)

Authorized By

05/01/2025

Date

# Council Member Monthly Expense Claim Form

City of St. Albert — Cultivate Life

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

Name: Councillor MacKay

Date Submitted 15/07/25 Month May 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 |
| 07/05/25 | Joint City/School Boards Advocacy Working Group | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| 13/05/25 | Poicing Committee meeting | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| 15/05/25 | Joint City/School Boards annual meeting | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
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| 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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## Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 15/07/25 Month May 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 MacKay

Date Submitted 15/07/25 Month May 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 |
| 28/05/25 | FCM annual convention | St. Albert | EIA | One Way | 52.00 | | | | | 34.32 | 47.07 | | | | 45.00 | | | 126.39 | 6100 | 1010 | 516109 | |
| 28/05/25 | FCM annual convention | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
| 29/05/25 | FCM annual convention | | | | | | | | | - | 14.38 | | | | 40.00 | | | 54.38 | 6100 | 1010 | 516109 | |
| 29/05/25 | FCM annual convention | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
| 30/05/25 | FCM annual convention | | | | | | | | | - | | | | | 40.00 | | | 40.00 | 6100 | 1010 | 516109 | |
| 30/05/25 | FCM annual convention | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
| 31/05/25 | FCM annual convention | | | | | | | | | - | 12.59 | | | | 10.00 | | | 22.59 | 6100 | 1010 | 516109 | |
| 31/05/25 | FCM annual convention | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
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Sub-Total $ 1,043.36

| **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 MacKay

Date Submitted 15/07/25 Month May Year 2025

Sub-Total $ -

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 15/07/25 Month May 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 | Project | CAT 2 CAT7 | Expense Type |
| 26/05/25 | Home Internet - Shaw/Rogers | 70.00 | 6404 | 1010 | 516109 | N/A | Mobile Dev |
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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) | | | | | | | | | |
| 05/05/25 | Alberta Municipalities Summer Municipal Leaders Caucus registration | | | | | | 120.75 | | 120.75 |
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Sub-Total $ 120.75

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 15/07/25 Month May 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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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 | $ | 1,534.11 |
| Less: BMO MasterCard | -$ | 120.75 |
| Less: Expenses Paid | $ | - |
| Net to be paid to: Councillor MacKay | $ | 1,413.36 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 15/07/25 Month May Year 2025

**Authorizations & Approvals** **Councillor MacKay** **May** **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

07/15/2025
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 15, 2025 11:25 MDT)

Council Member's Signature

07/15/2025
Date (DD/MM/YY)

**Accounts Payable**

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

Yukiko Shionoya
Yukiko Shionoya (Jul 15, 2025 11:46 MDT)

Accounts Payable Personnel Signature

07/15/2025
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 15, 2025 12:39 MDT)

Director - Financial & Strategic Services Signature

07/15/2025
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

William Fletcher (Jul 15, 2025 12:48 MDT)

City Manager Signature

07/15/2025
Date (DD/MM/YY)

# Council Per Diem Claim Report

| Name: | Councillor MacKay |
|---|---|

| Month | Year |
|---|---|
| May | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
| 2025-05-07 | Joint City/School Boards Advocacy Working Group | 2 hrs | Half Day | $ 100.00 |
| 2025-05-13 | Policing Committee | 2 hrs | Half Day | $ 100.00 |
| 2025-05-15 | Joint City/School Boards annual meeting | 3 hrs | Half Day | $ 100.00 |
| 2025-05-28 | FCM | 6 hrs | Full Day | $ 200.00 |
| 2025-05-29 | FCM | 10 hrs | Full Day | $ 200.00 |
| 2025-05-30 | FCM | 10 hrs | Full Day | $ 200.00 |
| 2025-05-31 | FCM | 10 hrs | Full Day | $ 200.00 |
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**Total Per Diem Claim:** $ 1,100.00

| Full Day Events: | 4 |
|---|---|
| Half Day Events: | 3 |
| DM Events: | 0 |

K MacKay

K MacKay (Jul 15, 2025 11:25 MDT)

**Authorized By**

07/15/2025

**Date**

| | | |
|---|---|---|
| **Council Member Monthly Expense Claim Form** | | |
| | Select From List | |
| | Do not enter in "Grey" cells | |

Name: Councillor MacKay

Date Submitted 14/07/25 | Month June | 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 |
| 06/06/25 | COR Safety Audit Interview | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| 09/06/25 | Policing Committee workshop | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| 10/06/25 | Policing Committee meeting | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
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| **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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# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 14/07/25 Month June 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 MacKay

Date Submitted 14/07/25 Month June 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 |
| 01/06/25 | FCM Convention | | | | | | | | | - | 26.84 | | | | 40.00 | | | 66.84 | 6100 | 1010 | 516109 | |
| 01/06/25 | FCM Convention | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
| 02/06/25 | FCM Convention | EIA | St. Albert | One Way | 52.00 | | | | | 34.32 | 157.71 | | | | 25.00 | | | 217.03 | 6100 | 1010 | 516109 | |
| 02/06/25 | FCM Convention | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
| 26/06/25 | ABMunis Summer Municipal Leaders Caucus | St. Albert | Devon | Return | 86.00 | | | | | 56.76 | | | | | | | | 56.76 | 6100 | 1010 | 516109 | |
| 26/06/25 | ABMunis Summer Municipal Leaders Caucus | | | | | | | | | - | | | | 200.00 | | | | 200.00 | 6005 | 1010 | 516109 | |
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Sub-Total $ 940.63

| **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 MacKay

Date Submitted 14/07/25 Month June Year 2025

| | |
|---|---|
| Sub-Total | $ - |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 14/07/25 Month June 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 | Project | CAT 2 CAT7 | Expense Type |
| 26/06/25 | Home Internet - Shaw/Rogers | 70.00 | 6404 | 1010 | 516109 | N/A | Mobile Dev |
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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) | | | | | | | | | |
| 06/06/25 | SAiF Sponsorship | | | | | | | 750.00 | 750.00 |
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Sub-Total $ 750.00

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 14/07/25 Month June 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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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 | $ | 2,060.63 |
| Less: BMO MasterCard | -$ | 750.00 |
| Less: Expenses Paid | $ | - |
| Net to be paid to: Councillor MacKay | $ | 1,310.63 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted 14/07/25 Month June Year 2025

**Authorizations & Approvals** **Councillor MacKay** **June** **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

07/14/2025

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 14, 2025 09:24 MDT)

Council Member's Signature

07/14/2025

Date (DD/MM/YY)

**Accounts Payable**

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

Yukiko Shionoya

Yukiko Shionoya (Jul 14, 2025 13:28 MDT)

Accounts Payable Personnel Signature

07/14/2025

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 Victoor (Aug 1, 2025 15:46:55 MDT)

Director - Financial & Strategic Services Signature

08/01/2025

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

William Fletcher (Aug 1, 2025 15:56:24 MDT)

City Manager Signature

08/01/2025

Date (DD/MM/YY)

# Council Per Diem Claim Report

| Name: | Councillor MacKay |
|---|---|

| Month | Year |
|---|---|
| June | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
| 2025-06-01 | FCM | 10 hrs | Full Day | $ 200.00 |
| 2025-06-02 | FCM | 6 hrs | Full Day | $ 200.00 |
| 2025-06-06 | COR Safety Audit Interview | 0.5 hrs | Half Day | $ 100.00 |
| 2025-06-09 | Policing Committee Workshop | 2 hrs | Half Day | $ 100.00 |
| 2025-06-10 | Policing Committee meeting | 2 hrs | Half Day | $ 100.00 |
| 2025-06-26 | Alberta Municipalities Summer Municipal Leaders Caucus | 7 hrs | Full Day | $ 200.00 |
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| | | | **Total Per Diem Claim:** | $ 900.00 |

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

K MacKay
K MacKay (Jul 14, 2025 09:24 MDT)

**Authorized By**

07/14/2025

**Date**