Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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 @ 0.64/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
03/04/25	Edmonton Global Shareholder Meeting	St. Albert	Morinville	Return	38.00					25.08								25.08	6140	1010	516112	
10/04/25	Regional Collaboration Meeting	St. Albert	Beaumont	Return	98.00					64.68								64.68	6140	1010	516112	
11/04/25	Inclusion Alberta President's Reception	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516112	
16/04/25	Strathcona County State of the County Lunch	St. Albert	Strathcona (County)	Return	66.00					43.56								43.56	6140	1010	516112	
17/04/25	BILD Edmonton Metro on Main Streets Planning Meeting	St. Albert	Edmonton-Downtown	Return	30.00					19.80								19.80	6140	1010	516112	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
																	Sub-Total	$ 179.52				

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 Month April Year 2025

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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 @ 0,64/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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: April Year: 2025

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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
21/04/25	Mobile Device - Telus	55.00	6404	1010	516112	N/A	Mobile Dev
19/04/25	Home Internet - Telus	70.00	6404	1010	516112	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
15/04/25	YEG State of Our City 2025 registration						157.50		157.50
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 157.50

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26

Month April

Year 2025

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-

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	$	462.02
Less: BMO MasterCard	-$	157.50
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	304.52

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 Month April Year 2025

Authorizations & Approvals Mayor Heron 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

01/08/2026
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.

Council Member's Signature

01/09/2026
Date (DD/MM/YY)

Accounts Payable

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

Justine Onishko (Jan 9, 2026 11:31:28 MST)
Accounts Payable Personnel Signature

01/09/2026
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 (Jan 9, 2026 11:46:08 MST)
Director - Financial & Strategic Services Signature

01/09/2026
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 (Jan 9, 2026 12:12:28 MST)
City Manager Signature

01/09/2026
Date (DD/MM/YY)

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 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
15/05/25	Regional Collaboration Meeting	St. Albert	Morinville	Return	38.00					25.08								25.08	6140	1010	516112	
15/05/25	Joint City School Boards Meeting	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516112	
21/05/25	MCMC Spring Caucus/Meeting					St. Albert	Sylvan Lake	One Way	182.00	120.12								120.12	6140	1010	516112	
23/05/25	MCMC Spring Caucus/Meeting					Sylvan Lake	St. Albert	One Way	182.00	120.12								120.12	6140	1010	516112	
24/05/25	Fallen Paramedics Memorial	St. Albert	Edmonton-Downtown	Return	30.00					19.80	9.00							28.80	6140	1010	516112	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 320.52

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: May Year: 2025

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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
12/05/25	FCM Convention 2025 (AirBNB Final Payment - deposit paid on February 25, 2025)									-		1,460.76						1,460.76	6100	1010	516112	
27/05/25	FCM Convention 2025	St. Albert	EIA	One Way	52.00					34.32								34.32	6100	1010	516112	
29/05/25	FCM Convention 2025									-					97.25			97.25	6100	1010	516112	
30/05/25	FCM Convention 2025									-					44.00			44.00	6100	1010	516112	
31/05/24	FCM Convention 2025	EIA	St. Albert	One Way	52.00					34.32	150.00				440.02			624.34	6100	1010	516112	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Sub-Total $ 2,260.67

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 Month May Year 2025

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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	CAT 2 Project	CAT7	Expense Type
21/05/25	Mobile Device - Telus	55.00	6404	1010	516112	N/A	Mobile Dev
19/05/25	Home Internet - Telus	70.00	6404	1010	516112	N/A	Mobile Dev

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
06/05/25	ABMunis Summer Municipal Leaders Caucus registration						120.75		120.75
23/05/25	MCMC Sylvan Lake - Best Western		427.14						427.14
28/05/25	Council Dinner w/Michael Cooper @ FCM - Sidedoor					259.00			259.00
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 806.89

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26

Month May

Year 2025

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ -

Claim Reminders:

**** See Council Policy C-CC-03 Council Remuneration and Expense Reimbursement for detailed provisions of allowable expenses****

1. Detailed receipts must be provided for all expenses. Credit Card slips are NOT an acceptable form of receipt.
2. Meter parking may be claimed without a receipt up to $15. Clearly indicate (Meter) in the nature of event/meeting section.
3. A standard mileage chart is available for use. All kilometers are based on St. Albert Place (SAP) as the base location. It is recommended to claim mileage based on the standard mileage chart. If you choose to claim specific mileage you must provide a Google map printout with the detailed to and from locations identified (i.e. Street Address)
4. For meal expenses, the event/description section should clearly indicate the nature of the meeting and indicate the # of people in attendance. The full names of the participants should be listed on the back of the receipt.
5. Expense claims must be submitted within 10 days of the following month
6. Incomplete expense claims will not be processed
7. Per Diems (claim for attendance at specified events per C-CC-03) are taxable and paid at a rate of $100 for less than or equal to 4 hours, or $200 for greater than 4 hours.
8. Meals claimed without receipts for travel outside of the Capital region follow the rates and conditions outlined in the Council Policy C-CC-03 Council Remuneration and Expense Reimbursement

Grand Total Expenses	$ 3,513.08
Less: BMO MasterCard	-$ 806.89
Less: Expenses Paid	$ -
Net to be paid to: Mayor Heron	$ 2,706.19

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: May Year: 2025

Authorizations & Approvals Mayor Heron 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 — 01/08/2026 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.

Council Member's Signature — 01/09/2026 Date (DD/MM/YY)

Accounts Payable

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

justine ongkiko — 01/09/2026

justine ongkiko (Jan 9, 2026 09:58:26 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY)

Director - Financial & Strategic Services

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

01/09/2026

Anne Victoor (Jan 9, 2026 10:18:01 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY)

Chief Administrative Officer (City Manager)

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

01/09/2026

William Fletcher (Jan 9, 2026 10:37:52 MST)

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

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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	Project	CAT 2 CAT4
05/06/25	Edmonton Global Strategy Session	St. Albert	Edmonton-University	Return	32.00					21.12								21.12	6140	1010	516112	
12/06/25	Regional Collaboration Meeting	St. Albert	Edmonton-North	Return	24.00					15.84								15.84	6140	1010	516112	
18/06/25	Health Services Group Change of Appointment	St. Albert	Sturgeon (County)	Return	40.00					26.40								26.40	6140	1010	516112	
19/06/25	Meeting with Ed Gugenheimer	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516112	
26/06/25	ABMunis Summer Leaders Caucus	St. Albert	Devon	Return	86.00					56.76								56.76	6140	1010	516112	
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
																Sub-Total		$ 146.52				

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	Project	CAT 2 CAT4
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: June Year: 2025

										-								-
										-								-
										-								-
										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

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
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				
										-								-				

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: June Year: 2025

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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	CAT 2 Project	CAT7	Expense Type
21/06/25	Mobile Device - Telus	55.00	#N/A	1010	516112	N/A	
19/06/25	Home Internet - Telus	70.00	#N/A	1010	516112	N/A	

Sub-Total $ 125.00

BMO MasterCard Expenses		Other Transportation & Parking *	Accommodations *	Airfare*	Per Diems*	Meals *	Registration /Event Ticket *	General Expenses *	Total
Date (DD/MM/YY)									
30/06/25	RCA Conference registration						850.00		850.00
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 850.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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)									
									-
									-
									-
									-
									-
									-
									-
									-
									-

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	$	1,121.52
Less: BMO MasterCard	-$	850.00
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	271.52

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: June Year: 2025

Authorizations & Approvals — Mayor Heron — 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 — Date (DD/MM/YY): 01/08/2026

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.

Council Member's Signature — Date (DD/MM/YY): 01/09/2026

Accounts Payable

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

justine ongkiko
justine ongkiko (Jan 9, 2026 10:02:07 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): 01/09/2026

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 9, 2026 10:25:45 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): 01/09/2026

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 9, 2026 10:38:20 MST)

City Manager Signature — Date (DD/MM/YY): 01/09/2026