Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 05-02-25 Month: January 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
09-01-25	Dinner meeting w/MLA Nally, MLA Getson									-				100.00				100.00	6005	1010	516114	
13-01-25	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516114	
14-01-25	Strategic Planning	St. Albert	Edmonton-West	Return	40.00					26.40								26.40	6140	1010	516114	
15-01-25	Chamber Business@Lunch	St. Albert	Sturgeon (County)	Return	40.00					26.40								26.40	6140	1010	516114	
20-01-25	Meeting w/NABI Board									-				100.00				100.00	6005	1010	516114	
24-01-25	Edmonton Salutes Committee									-				100.00				100.00	6005	1010	516114	
28-01-25	CSAC Committee									-				100.00				100.00	6005	1010	516114	
30-01-25	Council Committee Orientation session									-				100.00				100.00	6005	1010	516114	
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Sub-Total $ 579.20

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

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 05-02-25 Month January Year 2025

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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 05-02-25 Month January 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
16-01-25	Official Welcome Speech Opening John Reid Tournament - DM									-				50.00				50.00	6005	1010	516114	#N/A
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 05-02-25 Month January Year 2025

Sub-Total	$ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 05-02-25 Month: January 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
13-01-25	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19-01-25	Home Internet - Telus	70.00	6404	1010	516114	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)									
13-01-25	Taste of Africa registration						40.00		40.00
16-01-25	Coffee w/the Chamber registration						10.00		10.00
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Sub-Total $ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 05-02-25 Month: January 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	$	804.20
Less: BMO MasterCard	-$	50.00
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	754.20

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 05-02-25 Month January Year 2025

Authorizations & Approvals **Councillor Killick** **January** **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): Feb 5, 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.

mike killick (Feb 5, 2025 16:33 MST)

Council Member's Signature — Date (DD/MM/YY): Feb 5, 2025

Accounts Payable

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

Yukiko Shionoya (Feb 6, 2025 09:42 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Feb 6, 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 (Feb 6, 2025 09:46 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Feb 6, 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 (Feb 6, 2025 09:54 MST)

City Manager Signature — Date (DD/MM/YY): Feb 6, 2025

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
January	2025

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2025-01-09	Dinner with MLA Nally, MLA Getson	3	Half Day	$ 100.00
2025-01-16	offical weclome speech - opening John Reid tornament	2	DM Event	$ 50.00
2025-01-20	meeting with NABI Board	2	Half Day	$ 100.00
2025-01-24	Edmonton Salutes Committee	2	Half Day	$ 100.00
2025-01-28	CSAC Committee	3	Half Day	$ 100.00
2025-01-30	Council Committee Orientation	1	Half Day	$ 100.00
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Total Per Diem Claim: $ 550.00

Full Day Events:	0
Half Day Events:	5
DM Events:	1

mike killick (Feb 5, 2025 16:33 MST)

Feb 5, 2025

Authorized By **Date**

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03-03-25 Month February 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
11-02-25	Policing Committee meeting w/Council									-				100.00				100.00	6005	1010	516114	
25-02-25	Community Services Advisory Committee									-				100.00				100.00	6005	1010	516114	
26-02-25	Schools Joint Advocacy Committee meeting									-				100.00				100.00	6005	1010	516114	
28-02-25	Edmonton Salutes Committee									-				100.00				100.00	6005	1010	516114	
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03-03-25 Month February Year 2025

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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03-03-25 Month February 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
01-02-25	Black History Month proclamation - DM									-				50.00				50.00	6005	1010	516114	#N/A
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03-03-25 Month February Year 2025

Sub-Total	$ 50.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 03-03-25 Month: February 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
13-02-25	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19-02-25	Home Internet - Telus	70.00	6404	1010	516114	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)									
03-02-25	Jessie's Crowns registration						75.60		75.60
24-02-25	State of the Region registration						159.00		159.00
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Sub-Total $ 234.60

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 03-03-25 Month: February 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	$	809.60
Less: BMO MasterCard	-$	234.60
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	575.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 03-03-25 Month February Year 2025

Authorizations & Approvals **Councillor Killick** **February** **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): Mar 3, 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.

mike killick (Mar 4, 2025 08:53 MST)

Council Member's Signature — Date (DD/MM/YY): Mar 4, 2025

Accounts Payable

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

Yukiko Shionoya (Mar 5, 2025 12:36 MST)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Mar 5, 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 (Mar 5, 2025 15:57 MST)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Mar 5, 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 (Mar 5, 2025 16:18 MST)

City Manager Signature — Date (DD/MM/YY): Mar 5, 2025

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
February	2025

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2025-02-01	Black History month proclamation, DM	3	DM Event	$ 50.00
2025-02-11	Policing Committee, Council recognition	1	Half Day	$ 100.00
2025-02-25	Community Services advisory committee	3	Half Day	$ 100.00
2025-02-26	schools joint advocacy meeting	2	Half Day	$ 100.00
2025-02-28	Edmonton Salutes committee	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
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			Total Per Diem Claim:	$ 450.00

Full Day Events:	0
Half Day Events:	4
DM Events:	1

mike killick (Mar 4, 2025 08:53 MST)

Authorized By

Mar 4, 2025

Date

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 09/04/25 Month: March 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
06/03/25	Jessie's Crowns Luncheon	St. Albert	Sturgeon (County)	Return	40.00					26.40								26.40	6140	1010	516114	
14/03/25	Garrison 408 Commanders Lunch - Edmonton Salutes	St. Albert	Edmonton-East	Return	44.00					29.04						40.00		69.04	6140	1010	516114	
14/03/25	Garrison 408 Commanders Lunch - Edmonton Salutes									-				100.00				100.00	6005	1010	516114	
25/03/25	CSAC									-				100.00				100.00	6005	1010	516114	
28/03/25	Edmonton Salutes									-				100.00				100.00	6005	1010	516114	
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																Sub-Total		$ 395.44				

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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 09/04/25 Month March Year 2025

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Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 09/04/25 Month: March 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

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 09/04/25 Month March Year 2025

										-								-

Sub-Total $ -

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 09/04/25 Month: March 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
13/03/25	Mobile Device - Telus	55.00	6404	1010	516114	N/A	Mobile Dev
19/03/25	Home Internet - Telus	70.00	6404	1010	516114	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)									
04/03/25	Business Breakfast registration						41.80		41.80
									-
									-
									-
									-
									-
									-
									-
									-
									-

Sub-Total $ 41.80

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted 09/04/25

Month March

Year 2025

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 09/04/25 Month: March 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	$	562.24
Less: BMO MasterCard	-$	41.80
Less: Expenses Paid	$	-
Net to be paid to: Councillor Killick	$	520.44

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Councillor Killick

Date Submitted: 09/04/25 Month: March Year: 2025

Authorizations & Approvals — Councillor Killick — March — 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): Apr 9, 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.

mike killick (Apr 10, 2025 09:16 MDT)

Council Member's Signature — Date (DD/MM/YY): Apr 10, 2025

Accounts Payable

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

christine lindal (Apr 10, 2025 09:23 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Apr 10, 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 (Apr 10, 2025 11:48 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Apr 10, 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 (Apr 10, 2025 11:53 MDT)

City Manager Signature — Date (DD/MM/YY): Apr 10, 2025

Council Per Diem Claim Report

Name:	Councillor Killick

Month	Year
March	2025

Date	Description	Time (# of Hours)	Full/Half Day DM Event	Total
2025 03 14	Garrison 408 comanders lunch - Edmonton Salutes	2	Half Day	$ 100.00
2025 03 25	CSAC Community services advisory meeting	3	Half Day	$ 100.00
2025 03 28	Edmonton salutes meeting	2	Half Day	$ 100.00
				$ -
				$ -
				$ -
				$ -
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				$ -
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				$ -
				$ -
				$ -
				$ -
				$ -
			Total Per Diem Claim:	$ 300.00

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

mike killick (Apr 10, 2025 09:16 MDT)

Authorized By

Apr 10, 2025

Date