# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 01/08/25 Month: July 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 | | | | | |
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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 01/08/25 Month July 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: 01/08/25 Month: July 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 |
| 23/07/25 | FORTIS Plaque Presentation - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 1121 |
| 24/07/25 | St. Albert Habitat ReStore Grand Opening - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 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: 01/08/25 Month: July Year: 2025

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Sub-Total $ 100.00

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 01/08/25 Month: July 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 |
| 26/07/25 | 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 |
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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 MacKay

Date Submitted 01/08/25 Month July Year 2025

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 01/08/25 Month: July 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 |
|---|---|---|---|---|---|---|---|---|---|
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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

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|---|---|
| Grand Total Expenses | $ 170.00 |
| Less: BMO MasterCard | $ - |
| Less: Expenses Paid | $ - |
| Net to be paid to: Councillor MacKay | $ 170.00 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 01/08/25 Month: July Year: 2025

**Authorizations & Approvals** — **Councillor MacKay** — **July** — **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 — Aug 1, 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 (Aug 4, 2025 13:51:33 MDT)

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

**Accounts Payable**

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

christine lindal
christine lindal (Aug 7, 2025 10:04:20 MDT)

Accounts Payable Personnel Signature — Aug 7, 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 8, 2025 09:54:06 MDT)

Director - Financial & Strategic Services Signature — Aug 8, 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

Diane McMordie

City Manager Signature — Aug 8, 2025 — Date (DD/MM/YY)

# Council Per Diem Claim Report

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

| Month | Year |
|---|---|
| July | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
| 2025-07-23 | FORTIS Plaque Presentation - DM | 1 hr | DM Event | $ 50.00 |
| 2025-07-24 | St. Albert Habitat ReStore Grand Opening - DM | 1 hr | DM Event | $ 50.00 |
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| | | | **Total Per Diem Claim:** | $ 100.00 |

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

K MacKay
K MacKay (Aug 4, 2025 13:51:33 MDT)

**Authorized By**

Aug 4, 2025

**Date**

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 12/09/25 Month: August 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 | CAT 2 Project | CAT4 |
| 21/08/25 | Chamber Golf Tournament | St. Albert | Sturgeon (County) | Return | 40.00 | | | | | 26.40 | | | | | | | | 26.40 | 6140 | 1010 | 516109 | |
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Sub-Total $ 26.40

**Professional Development**

| | | In-Region Mileage Claim based on Chart | | One Way /Return | Mileage Claim (From Chart) | Out-of-Region Mileage Claim (or In-Region, specific mileage) | | One Way /Return | Mileage Claim-Specific | Mileage Amount @ 0.64/km | Other Transportation & Parking * | Accommodations * | Airfare* | Per Diems* | Meals * | Conference or Course Registration /Event Ticket * | General Expenses * | Total | GL Coding | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (DD/MM/YY) | Nature of Event/Meeting | From | To | | | From | To | CAT7_ | | 1221 | 1221 | 1222 | 1226 | 1216 | 1227 | 1225 | 1224 | | ACCT | Cost Ctr | CAT 2 Project | CAT4 |
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# Council Member Monthly Expense Claim Form

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| | Select From List |
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Name: Councillor MacKay

Date Submitted 12/09/25 Month August 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: 12/09/25 Month: August Year: 2025

**AUMA or FCM Convention or Board Expenses**

| 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 @ 0.64/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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Sub-Total $ -

**Office of the Mayor (Official Events & Duties)**

| 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 @ 0.64/km | Other Transportation & Parking * | Accommodations * | Airfare* | Per Diems* | Meals * | Registration /Event Ticket * | General Expenses * | Total | GL Coding ACCT | Cost Ctr | CAT2 | CAT3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | CAT7_ | | 1220 | 1220 | 1225 | 1226 | 1227 | 1221 | 1222 | 1222 | | | | | |
| 01/08/25 | U11 Baseball Provincials Opening Ceremonies - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 1121 |
| 15/08/25 | Western Canadian Baseball Championships - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 1121 |
| 20/08/25 | Dog Haven 5th Anniversary Ribbon Cutting - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 1121 |
| 24/08/25 | AADFC AGM & Festival - DM | | | | | | | | | - | | | | 50.00 | | | | 50.00 | 6005 | 1010 | 516109 | 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 12/09/25 Month August Year 2025

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Sub-Total $ 200.00

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 12/09/25 Month: August 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)

| Date (DD/MM/YY) | Detailed Description | Total | GL Coding ACCT | Cost Ctr | CAT 2 Project | CAT7 | Expense Type |
|---|---|---|---|---|---|---|---|
| 26/08/25 | Home Internet - Shaw/Rogers | 70.00 | 6404 | 1010 | 516109 | N/A | Mobile Dev |
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Sub-Total $ 70.00

**BMO MasterCard Expenses**

| Date (DD/MM/YY) | | Other Transportation & Parking * | Accommodations * | Airfare* | Per Diems* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|---|---|---|---|---|---|---|---|---|---|
| 29/08/25 | Chamber Business@Lunch registration | | | | | | 45.00 | | 45.00 |
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Sub-Total $ 45.00

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 12/09/25

Month: August

Year: 2025

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 12/09/25 Month: August 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 |
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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 | $ | 341.40 |
| Less: BMO MasterCard | -$ | 45.00 |
| Less: Expenses Paid | $ | - |
| Net to be paid to: Councillor MacKay | $ | 296.40 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 12/09/25 Month: August Year: 2025

**Authorizations & Approvals** — **Councillor MacKay** — **August** — **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): Sep 12, 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 (Sep 12, 2025 21:39:08 MDT)

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

**Accounts Payable**

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

Yukiko Shionoya
Yukiko Shionoya (Sep 15, 2025 10:36:42 MDT)

Accounts Payable Personnel Signature — Date (DD/MM/YY): Sep 15, 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 Viscor (Sep 15, 2025 12:24:46 MDT)

Director - Financial & Strategic Services Signature — Date (DD/MM/YY): Sep 15, 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 (Sep 15, 2025 12:26:23 MDT)

City Manager Signature — Date (DD/MM/YY): Sep 15, 2025

# Council Per Diem Claim Report

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

| Month | Year |
|---|---|
| August | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
| 2025-08-01 | U11 Baseball Provincials Opening Ceremonies - DM | 1 hr | DM Event | $ 50.00 |
| 2025-08-15 | Western Canadian Baseball Championships - DM | 1.5 hrs | DM Event | $ 50.00 |
| 2025-08-20 | Dog Haven 5th Anniversary Ribbon Cutting - DM | 1 hr | DM Event | $ 50.00 |
| 2025-08-24 | AADFC AGM & Festival - DM | 3 hrs | DM Event | $ 50.00 |
| | | | | $ - |
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| Total Per Diem Claim: | $ 200.00 |
|---|---|

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

K MacKay

K MacKay (Sep 12, 2025 20:39:08 MDT)

Authorized By

Sep 12, 2025

Date

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 02/10/25 Month: September 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 |
| 09/09/25 | Policing Committee | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| 12/09/25 | Internal Audit Steering Committee | | | | | | | | | - | | | | 100.00 | | | | 100.00 | 6005 | 1010 | 516109 | |
| | | | | | | | | | | - | | | | | | | | - | | | | |
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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: 02/10/25 Month: September 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: 02/10/25 Month: September 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 MacKay

Date Submitted: 02/10/25 Month: September 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: 02/10/25 Month: September 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)

| Date (DD/MM/YY) | Detailed Description | Total | GL Coding ACCT | Cost Ctr | CAT 2 Project | CAT7 | Expense Type |
|---|---|---|---|---|---|---|---|
| 26/09/25 | Home Internet - Shaw/Rogers | 70.00 | 6404 | 1010 | 516109 | N/A | Mobile Dev |
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Sub-Total $ 70.00

**BMO MasterCard Expenses**

| Date (DD/MM/YY) | | Other Transportation & Parking * | Accommodations * | Airfare* | Per Diems* | Meals * | Registration /Event Ticket * | General Expenses * | Total |
|---|---|---|---|---|---|---|---|---|---|
| 16/09/25 | Breakfast with the Chamber registration | | | | | | 10.00 | | 10.00 |
| 24/09/25 | Business Excellence Week Kickoff Luncheon registration | | | | | | 45.00 | | 45.00 |
| 24/09/25 | Business Excellence Week Rotary Breakfast registration | | | | | | 15.00 | | 15.00 |
| 24/09/25 | Business Excellence Week Awards registration | | | | | | 65.00 | | 65.00 |
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Sub-Total $ 135.00

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 02/10/25

Month: September

Year: 2025

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 02/10/25 Month: September 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 | $ | 405.00 |
| Less: BMO MasterCard | -$ | 135.00 |
| Less: Expenses Paid | $ | - |
| Net to be paid to: Councillor MacKay | $ | 270.00 |

# Council Member Monthly Expense Claim Form

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

Name: Councillor MacKay

Date Submitted: 02/10/25 Month: September Year: 2025

**Authorizations & Approvals** — **Councillor MacKay** — **September** — **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 — Oct 2, 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 (Oct 2, 2025 12:01:52 MDT) — Oct 2, 2025

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

**Accounts Payable**

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

Yukiko Shionoya — Yukiko Shionoya (Oct 3, 2025 09:44:35 MDT) — Oct 3, 2025

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

Anne Victoor (Oct 6, 2025 08:43:40 MDT) — Oct 6, 2025

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

William Fletcher (Oct 6, 2025 09:03:04 MDT) — Oct 6, 2025

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

# Council Per Diem Claim Report

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

| Month | Year |
|---|---|
| September | 2025 |

| Date | Description | Time (# of Hours) | Full/Half Day DM Event | Total |
|---|---|---|---|---|
| 2025-09-09 | Policing Committee | 2 | Half Day | $ 100.00 |
| 2025-09-12 | Internal Audit Steering Committee | 1.5 | Half Day | $ 100.00 |
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| | | | Total Per Diem Claim: | $ 200.00 |

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

K MacKay
K MacKay (Oct 2, 2025 17:01:53 MDT)
**Authorized By**

Oct 2, 2025
**Date**