Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: July 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
03/07/25	Calgary Stampede					St. Albert	Calgary	One Way	305.00	201.30					29.00			230.30	6140	1010	516112	
05/07/25	Calgary Stampede					Calgary	St. Albert	One Way	305.00	201.30								201.30	6140	1010	516112	
14/07/25	Meeting with Traci Bednard	St. Albert	Edmonton-West	Return	40.00					26.40	5.50							31.90	6140	1010	516112	
25/07/25	Meeting with Michael Walters	St. Albert	Edmonton-Downtown	Return	30.00					19.80								19.80	6140	1010	516112	
29/07/25	Opening Ceremonies - Youth Teepee Summit	St. Albert	Edmonton-University	Return	32.00					21.12								21.12	6140	1010	516112	
30/07/25	Meeting with Chris Lavin (MNP)	St. Albert	Edmonton-Downtown	Return	30.00					19.80								19.80	6140	1010	516112	
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Sub-Total $ 524.22

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: Mayor Heron

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

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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: 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
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

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

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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: 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)		GL Coding				
Date (DD/MM/YY)	Detailed Description	Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
21/07/25	Mobile Device - Telus	55.00	#N/A	1010	516112	N/A	
19/07/25	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)									
02/07/25	Municipal World - (Un)Civil Society: Countering Gaslighting, Stalking, and Other Forms of Abuse by Ian McCormack							41.94	41.94
14/06/25	Lunch Meeting - Mayor Heron, M. Scott, C. Shoults					60.13			60.13
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Sub-Total $ 102.07

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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
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	$	751.29
Less: BMO MasterCard	-$	102.07
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	649.22

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 Month July Year 2025

Authorizations & Approvals **Mayor Heron** **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 — 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 (Jan 9, 2026 10:10:58 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 10:28:00 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 10:39:00 MST)
City Manager Signature — Date (DD/MM/YY): 01/09/2026

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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 @ 0.66/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
28/08/25	BILD Appreciation Night	St. Albert	Edmonton-University	Return	32.00					21.12								21.12	6140	1010	516112	
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Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

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

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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 August 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: Mayor Heron

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

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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: 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)		GL Coding				
Date (DD/MM/YY)	Detailed Description	Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
21/08/25	Mobile Device - Telus	55.00	#N/A	1010	516112	N/A	
19/08/25	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)									
28/08/25	Chamber Business@Lunch registration						45.00		45.00
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Sub-Total $ 45.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: 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
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	$	191.12
Less: BMO MasterCard	-$	45.00
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	146.12

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 Month August Year 2025

Authorizations & Approvals Mayor Heron 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): 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.

Accounts Payable Personnel Signature: justine ongkiko — justine ongkiko (Jan 9, 2026 10:13:41 MST) — 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

Director - Financial & Strategic Services Signature — Anne Victoor (Jan 9, 2026 10:37:37 MST) — 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

City Manager Signature — William Fletcher (Jan 9, 2026 10:39:35 MST) — Date (DD/MM/YY): 01/09/2026

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 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
04/09/25	Municipal Candidate Engagement Session	St. Albert	Leduc (County)	Return	100.00					66.00								66.00	6140	1010	516112	
09/09/25	Lieutenant Governor Reception	St. Albert	Parkland (County)	Return	68.00					44.88								44.88	6140	1010	516112	
10/09/25	Chamber Business Lunch	St. Albert	Sturgeon (County)	Return	40.00					26.40								26.40	6140	1010	516112	
10/09/25	Municipal Candidate Engagement Session	St. Albert	Parkland (County)	Return	68.00					44.88								44.88	6140	1010	516112	
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																Sub-Total		$ 182.16				

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: Mayor Heron

Date Submitted 08/01/26 Month September Year 2025

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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 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

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

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

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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: 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)		GL Coding				
Date (DD/MM/YY)	Detailed Description	Total	ACCT	Cost Ctr	CAT 2 Project	CAT7	Expense Type
21/09/25	Mobile Device - Telus	55.00	#N/A	1010	516112	N/A	
19/09/25	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)									
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 Breakfast registration						20.00		20.00
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Sub-Total $ 80.00

Council Member Monthly Expense Claim Form

	Select From List
	Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted: 08/01/26 Month: 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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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	$	387.16
Less: BMO MasterCard	-$	80.00
Less: Expenses Paid	$	-
Net to be paid to: Mayor Heron	$	307.16

Council Member Monthly Expense Claim Form

Select From List

Do not enter in "Grey" cells

Name: Mayor Heron

Date Submitted 08/01/26 Month September Year 2025

Authorizations & Approvals Mayor Heron 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 — 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 (Jan 9, 2026 10:15:48 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 10:38:37 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 10:40:07 MST)

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