

Council Expense Claim Form

Name: Barry Turner
 For the Month: November - December Date: 12-Dec-17

Expenditure Details

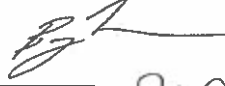

Function/Event: <u>Deputy Ministers Dinner 2017</u>		Registration Expense: \$	-
Date(s) of Event: <u>25-Oct</u>		Lodging Expense: \$	-
Duration of Event: <u>3 hours</u>		Total Meal Expense: \$	-
Location of Event: _____		Mileage (\$) Expense: \$	35.05
Mileage Traveled (km): <u>69.4</u>		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>100</u>			
GL: <u>01-720-11-272069</u>		Total Expense: \$	35.05

Function/Event: <u>AUMA</u>		Registration Expense: \$	-
Date(s) of Event: <u>Nov. 21-24</u>		Lodging Expense: _____	
Duration of Event: <u>4 days</u>		Total Meal Expense: \$	-
Location of Event: _____		Mileage (\$) Expense: \$	340.07
Mileage Traveled (km): <u>673.4</u>		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>800</u>			
GL: <u>01-720-11-272069</u>		Total Expense: \$	340.07

Function/Event: <u>Yellow Ribbon Gala</u>		Registration Expense: _____	
Date(s) of Event: <u>Dec. 2</u>		Lodging Expense: _____	
Duration of Event: <u>5 hours</u>		Total Meal Expense: _____	
Location of Event: _____		Mileage (\$) Expense: \$	38.08
Mileage Traveled (km): <u>75.4</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>200</u>			
GL: <u>01-720-11-272069</u>		Total Expense: \$	38.08

Function/Event: <u>National Day of Remembrance</u>		Registration Expense: _____	
Date(s) of Event: <u>Dec. 3</u>		Lodging Expense: _____	
Duration of Event: <u>4.5 hours</u>		Total Meal Expense: \$	-
Location of Event: <u>NAIT</u>		Mileage (\$) Expense: \$	32.93
Mileage Traveled (km): <u>65.2</u>		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>200</u>			
GL: <u>01-720-11-272069</u>		Total Expense: \$	32.93

Mileage per Kilometer: \$0.505 Meal Allowance (maximum \$60 daily): Morning Meal: \$15.00 Mid Day Meal: \$20.00 Evening Meal: \$25.00 Per Diem: 0-2 Hours: \$50.00 2-4 Hours: \$100.00 4+ Hours: \$200.00	<table border="0" style="width: 100%;"> <tr> <td style="background-color: #4b618c; color: white; padding: 2px;">Total Expenses</td> <td style="background-color: #4b618c; color: white; padding: 2px;">\$ 446.12</td> <td style="text-align: right;">✓</td> </tr> <tr> <td style="background-color: #4b618c; color: white; padding: 2px;">Total Per Diem</td> <td style="background-color: #4b618c; color: white; padding: 2px;">1300.00</td> <td style="text-align: right;">✓</td> </tr> </table> <p style="font-size: small; color: white; margin-top: 10px;">Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</p>	Total Expenses	\$ 446.12	✓	Total Per Diem	1300.00	✓
Total Expenses	\$ 446.12	✓					
Total Per Diem	1300.00	✓					

Claimant's Signature:  Reviewed: 

Mayor Approval: _____ Cheque #: _____

Payroll: \$1650 AP: \$ 803.47

COUNCIL EXPENSE CLAIM FORM

NAME: Barry Turner

FOR THE MONTH: November - December

DATE: _____

EXPENDITURE DETAILS

Function/Event: Breakfast with EMRB Chair	Registration Expense: \$ _____
Date(s) of Event: <u>Dec. 4</u>	Lodging Expense: \$ _____
Duration of Event: <u>1 hour</u>	Total Meal Expense: \$ _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: \$ _____
Other: _____	
Per Diem: <u>50</u>	

GL: _____	Total Expense: \$ _____
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Function/Event: SREMP	Registration Expense: \$ _____
Date(s) of Event: <u>Dec. 7</u>	Lodging Expense: _____
Duration of Event: <u>4 hours</u>	Total Meal Expense: \$ _____
Location of Event: <u>Redwater</u>	Mileage (\$) Expense: \$ <u>50.50</u>
Mileage Traveled (km): <u>100</u>	Incidental Expense: \$ _____
Other: _____	
Per Diem: <u>100</u>	

GL: <u>01-720-11-272069</u>	Total Expense: \$ <u>50.50</u>
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Function/Event: Mayor's Economic Development Summit	Registration Expense: _____
Date(s) of Event: <u>Dec. 12</u>	Lodging Expense: _____
Duration of Event: <u>6</u>	Total Meal Expense: _____
Location of Event: <u>NAIT</u>	Mileage (\$) Expense: \$ <u>32.93</u>
Mileage Traveled (km): <u>65.2</u>	Incidental Expense: _____
Other: _____	
Per Diem: <u>200</u>	

GL: <u>01-720-11-272069</u>	Total Expense: \$ <u>32.93</u>
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Function/Event: Cell phone bills November & December	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ _____
Location of Event: _____	Mileage (\$) Expense: \$ _____
Mileage Traveled (km): _____	Incidental Expense: \$ <u>273.92</u>
Other: _____	
Per Diem: _____	

GL: <u>01-820-11-282067</u>	Total Expense: \$ <u>273.92</u>
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Mileage per Kilometer: \$0.505 Meal Allowance (maximum \$60 daily): Morning Meal: \$15.00 Mid Day Meal: \$20.00 Evening Meal: \$25.00 Per Diem: 0-2 Hours: \$50.00 2-4 Hours: \$100.00 4+ Hours: \$200.00	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">TOTAL EXPENSES</td> <td style="width: 40%;">\$ 357.35</td> </tr> <tr> <td>TOTAL PER DIEM</td> <td>350.00</td> </tr> </table> <p style="font-size: small; margin-top: 10px;">Note: Receipts must be attached & submitted with this Expense Claim. All expenses must be approved by the Mayor.</p>	TOTAL EXPENSES	\$ 357.35	TOTAL PER DIEM	350.00
TOTAL EXPENSES	\$ 357.35				
TOTAL PER DIEM	350.00				

Claimant's Signature: _____ 
Mayor Approval: _____ 

Reviewed: _____ 
Cheque #: _____

For payment options, see page 2.



Your account number [REDACTED]	Bill date Oct 16, 2017
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BARRY TURNER
[REDACTED]
MORINVILLE AB T8R 1V9

0200100644144300000055699000001



October 16, 2017
BARRY TURNER
[REDACTED]



OCT. 17 - NOV. 16

Mobile services

Summary of Device Balance by user

USER	STARTING BALANCE (\$)	CREDITS (\$)	CURRENT BALANCE (\$)	END DATE
[REDACTED]	500.00	37.50	615.00	[REDACTED]
[REDACTED]	900.00	27.50	1,37.50	[REDACTED]
[REDACTED]	800.00	33.33	463.67	Oct. 26, 2018
[REDACTED]	400.00	33.33	463.67	[REDACTED]

Summary of charges by user

USER	MONTHLY AND OTHER CHARGES (\$)	ADD DRS (\$)	USAGE CHARGES (\$)	TOTAL BEFORE TAXES (\$)	TAXES (\$)	TOTAL (\$)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
BARRY A. TURNER 780-608-3071 State P.A. 55 - 4890W44 Tel BARRY TURNER	58.44	16.96	DATA	130.44	8.52	138.96
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL	228.70	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Council Expense Claim Form

Name: Rebecca Balanko

For the Month: November - December 2017

Date: 12-Dec-17

Expenditure Details

Function/Event: <u>AUMA</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Nov 21-24</u>	Lodging Expense: \$	-
Duration of Event:	<u>4 days</u>	Total Meal Expense: \$	-
Location of Event:	<u>Calgary</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:	<u>800</u>		

GL: _____	Total Expense: \$ -
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Function/Event: <u>SRWA</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Nov. 29, 2017</u>	Lodging Expense:	-
Duration of Event:	<u>2.5</u>	Total Meal Expense: \$	-
Location of Event:	<u>Spruce Grove</u>	Mileage (\$) Expense: \$	49.49
Mileage Traveled (km):	<u>98</u>	Incidental Expense: \$	
Other:			
Per Diem:	<u>100</u>		

GL: <u>01-720-11-272070</u>	Total Expense:
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Function/Event: <u>EOEP Munis 101</u>		Registration Expense:	-
Date(s) of Event:	<u>Dec. 7 & 8</u>	Lodging Expense:	-
Duration of Event:	<u>2 days</u>	Total Meal Expense:	-
Location of Event:	<u>Westlock</u>	Mileage (\$) Expense: \$	113.12
Mileage Traveled (km):	<u>224</u>	Incidental Expense:	
Other:			
Per Diem:	<u>400</u>		

GL: <u>01-720-11-272070</u>	Total Expense: \$ 113.12
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Function/Event: _____		Registration Expense:	-
Date(s) of Event:	_____	Lodging Expense:	-
Duration of Event:	_____	Total Meal Expense: \$	-
Location of Event:	_____	Mileage (\$) Expense: \$	-
Mileage Traveled (km):	_____	Incidental Expense: \$	-
Other:	_____		
Per Diem:	_____		

GL: _____	Total Expense: \$ -
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Mileage per Kilometer: <u>\$0.505</u> Meal Allowance (maximum \$60 daily): Morning Meal: <u>\$15.00</u> Mid Day Meal: <u>\$20.00</u> Evening Meal: <u>\$25.00</u> Per Diem: 0-2 Hours: <u>\$50.00</u> 2-4 Hours: <u>\$100.00</u> 4+ Hours: <u>\$300.00</u>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Total Expenses</td> <td style="text-align: right;">\$ 162.61</td> <td style="text-align: right;">✓</td> </tr> <tr> <td style="text-align: right;">Total Per Diem</td> <td style="text-align: right;">1300.00</td> <td style="text-align: right;">✓</td> </tr> </table> <p style="font-size: small; text-align: center; margin-top: 10px;">Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</p>	Total Expenses	\$ 162.61	✓	Total Per Diem	1300.00	✓
Total Expenses	\$ 162.61	✓					
Total Per Diem	1300.00	✓					

Claimant's Signature: Rebecca Balanko

Reviewed: JK

Mayor Approval: [Signature]

Cheque #: _____

Payroll: \$1300 A/P: \$16261

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: November 16 - December 30

Date: 13-Dec-17

Expenditure Details

Function/Event: <u>AUMA</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Nov 21-24</u>	Lodging Expense: \$	-
Duration of Event:	<u>4 days</u>	Total Meal Expense: \$	-
Location of Event:	<u>Calgary</u>	Mileage (\$) Expense: \$	169.68
Mileage Traveled (km):	<u>336</u>	Incidental Expense: \$	-
Other:			
Per Diem:	<u>800</u>		

GL: 01-720-11-272071 Total Expense: \$ 169.68

Function/Event: <u>Elected Officials education Program Munis 101</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Dec 7&8</u>	Lodging Expense:	-
Duration of Event:	<u>2 days</u>	Total Meal Expense: \$	-
Location of Event:	<u>Westlock</u>	Mileage (\$) Expense: \$	111.10
Mileage Traveled (km):	<u>220</u>	Incidental Expense: \$	-
Other:			
Per Diem:	<u>400</u>		

GL: 01-720-11-272071 Total Expense: \$ 111.10

Function/Event: <u>EMRB</u>		Registration Expense:	-
Date(s) of Event:	<u>14-Dec</u>	Lodging Expense:	-
Duration of Event:		Total Meal Expense:	-
Location of Event:	<u>Chateau Louise</u>	Mileage (\$) Expense: \$	40.40
Mileage Traveled (km):	<u>80</u>	Incidental Expense:	-
Other:			
Per Diem:	<u>200</u>		

GL: 01-720-11-272071 Total Expense: \$ 40.40

Function/Event: <u>Community Service Advisory Board</u>		Registration Expense:	-
Date(s) of Event:	<u>14-Dec</u>	Lodging Expense:	-
Duration of Event:	<u>1.5 hours</u>	Total Meal Expense: \$	-
Location of Event:	<u>MCCC</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense: \$	-
Other:			
Per Diem:	<u>0 daily maximum reached</u>		

GL: 01-720-11-272071 Total Expense: \$ -

Mileage per Kilometer: \$0.505

Meal Allowance (maximum \$60 daily):


Morning Meal: \$15.00
Mid Day Meal: \$20.00
Evening Meal: \$25.00

Per Diem: 0-2 Hours \$50.00
2-4 Hours \$100.00
4+ Hours \$200.00

Total Expenses \$ 321.18 ✓

Total Per Diem 1400.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Payroll: \$1400 ATP: \$321.18

Council Activity Report

Name: Nicole Boutestein

Month:

Date	Function / Event	Comments	Duration
Nov 21-24	AUMA		
25-Nov	Parade		
28-Nov	Bylaw & Policy review		
28-Nov	Council meeting		
30-Nov	St. Kateri Tekakwitha Academy Open House		
30-Nov	Chamber Gala		
5-Dec	Strat Plannig meeting		
dec 7 & 8	EOEP		
12-Dec	Governance, Finance and Audit		
12-Dec	Council meeting		
19-Dec	COW		
			0

Council Expense Claim Form

Name: Stephen Dafoe

For the Month: December Date: _____

Expenditure Details

Function/Event: <u>Alberta Urban Municipalities Association Conference</u>		Registration Expense: \$	-
Date(s) of Event: <u>Nov. 21-24</u>		Lodging Expense: \$	-
Duration of Event: <u>40 hours</u>		Total Meal Expense: \$	-
Location of Event: <u>Calgary</u>		Mileage (\$) Expense: \$	340.07
Mileage Traveled (km): <u>673.4</u>		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>800</u>			

GL: 01-720-11-272072 Total Expense: \$ 340.07 ✓

Function/Event: <u>Northern Lights Library System Executive Director Evaluation Committee</u>		Registration Expense: \$	-
Date(s) of Event: <u>Dec. 1</u>		Lodging Expense: _____	
Duration of Event: <u>11</u>		Total Meal Expense: \$	-
Location of Event: <u>Elk Point</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>50</u>			

GL: _____ Total Expense: \$ -

Function/Event: <u>Northern Lights Library System Nodes meeting</u>		Registration Expense: _____	
Date(s) of Event: <u>Dec. 4</u>		Lodging Expense: _____	
Duration of Event: <u>10</u>		Total Meal Expense: _____	
Location of Event: <u>Edmonton / Legislature</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>200</u>			

GL: _____ Total Expense: \$ -

Function/Event: <u>Municipalities 101</u>		Registration Expense: _____	
Date(s) of Event: <u>Dec 7-8</u>		Lodging Expense: _____	
Duration of Event: <u>16</u>		Total Meal Expense: \$	-
Location of Event: <u>Westlock</u>		Mileage (\$) Expense: \$	101.00
Mileage Traveled (km): <u>200</u>		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>400</u>			

GL: 01-720-11-272072 Total Expense: \$ 101.00

<p>Mileage per Kilometer: <u>\$0.908</u></p> <p>Meal Allowance (maximum \$60 daily):</p> <p style="margin-left: 20px;">Morning Meal: <u>\$15.00</u></p> <p style="margin-left: 20px;">Mid Day Meal: <u>\$20.00</u></p> <p style="margin-left: 20px;">Evening Meal: <u>\$25.00</u></p> <p>Per Diem:</p> <table border="0" style="margin-left: 20px;"> <tr> <td>0-2 Hours</td> <td><u>\$50.00</u></td> </tr> <tr> <td>2-4 Hours</td> <td><u>\$100.00</u></td> </tr> <tr> <td>4+ Hours</td> <td><u>\$200.00</u></td> </tr> </table>	0-2 Hours	<u>\$50.00</u>	2-4 Hours	<u>\$100.00</u>	4+ Hours	<u>\$200.00</u>	<p style="text-align: right; font-weight: bold;">Total Expenses \$ <u>441.07</u> ✓</p> <p style="text-align: right; font-weight: bold;">Total Per Diem <u>1450.00</u> ✓</p> <p style="font-size: small; text-align: center;">Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</p>
0-2 Hours	<u>\$50.00</u>						
2-4 Hours	<u>\$100.00</u>						
4+ Hours	<u>\$200.00</u>						

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Payroll: \$1650 AIP: \$490.26

COUNCIL EXPENSE CLAIM FORM

NAME: Stephen Dafoe

FOR THE MONTH: December **DATE:** _____

EXPENDITURE DETAILS

Function/Event: <u>Rosieridge Landfill Commission meeting</u>	Registration Expense: \$ _____ -
Date(s) of Event: <u>Dec. 14</u>	Lodging Expense: \$ _____ -
Duration of Event: <u>3 hours?</u>	Total Meal Expense: \$ _____ -
Location of Event: _____	Mileage (\$) Expense: \$ _____ 19.70
Mileage Traveled (km): <u>39</u>	Incidental Expense: \$ _____ -
Other: _____	
Per Diem: _____	

GL: 01-720-11-272072 **Total Expense:** \$ **19.70**

Function/Event: <u>Edmonton Metropolitan Regional Board</u>	Registration Expense: \$ _____ -
Date(s) of Event: <u>Dec. 14</u>	Lodging Expense: _____ -
Duration of Event: <u>4 hours?</u>	Total Meal Expense: \$ _____ -
Location of Event: <u>Edmonton</u>	Mileage (\$) Expense: \$ _____ 29.49
Mileage Traveled (km): <u>58.4</u>	Incidental Expense: \$ _____ -
Other: _____	
Per Diem: <u>200</u>	

GL: 01-720-11-272072 **Total Expense:** \$ **29.49**

Function/Event: _____	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ _____ -
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: _____ **Total Expense:** \$ _____ -


Function/Event: _____	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ _____ -
Location of Event: _____	Mileage (\$) Expense: \$ _____ -
Mileage Traveled (km): _____	Incidental Expense: \$ _____ -
Other: _____	
Per Diem: _____	

GL: _____ **Total Expense:** \$ _____ -

Mileage per Kilometer:	\$0.305
Meal Allowance (maximum \$60 dally):	
Morning Meal:	\$15.00
Mid Day Meal:	\$20.00
Evening Meal:	\$25.00
Per Diem:	
0-2 Hours	\$50.00
2-4 Hours	\$100.00
4+ Hours	\$200.00

TOTAL EXPENSES	\$ 49.19 ✓
TOTAL PER DIEM	200.00 ✓

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
16-Nov	staff chilli event	judged with Rebecca and Lawrence	1
30-Nov	St. Kateri open house	GSACRD event	1
30-Nov	Chamber Gala	Chamber gala and awards	4
5-Dec	Start Planning	Strategic Planning	7
29-Nov	Council committee and regular	council and governance meeting	5
Dec. 12	Council and committee	council and governance meeting	5
Dec. 19	Committee of the Whole	Regular COW meeting - time estimated due to submitting full month prior to event	4
			Total: 27

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: November 15th to December 12th

Date: 12-Dec-17

Expenditure Details

Function/Event: <u>Munis 101</u>	
Date(s) of Event: <u>Dec 7 & 8</u>	Registration Expense: \$ <u>-</u>
Duration of Event: _____	Lodging Expense: \$ <u>114.40</u>
Location of Event: <u>Westlock</u>	Total Meal Expense: \$ <u>18.80</u>
Mileage Traveled (km): <u>106</u>	Mileage (\$) Expense: \$ <u>53.53</u>
Other: _____	Incidental Expense: \$ <u>-</u>
Per Diem: <u>400</u>	

GL: 01-720-11-272073 Total Expense: \$ 186.73 ✓

Function/Event: <u>AUMA</u>	
Date(s) of Event: <u>Nov. 21-24</u>	Registration Expense: \$ <u>-</u>
Duration of Event: <u>4 days</u>	Lodging Expense: _____
Location of Event: <u>Calgary</u>	Total Meal Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Mileage (\$) Expense: \$ <u>-</u>
Other: _____	Incidental Expense: \$ _____
Per Diem: <u>800</u>	

GL: _____ Total Expense: \$ -

Function/Event: _____	
Date(s) of Event: _____	Registration Expense: _____
Duration of Event: _____	Lodging Expense: _____
Location of Event: _____	Total Meal Expense: _____
Mileage Traveled (km): _____	Mileage (\$) Expense: \$ <u>-</u>
Other: _____	Incidental Expense: _____
Per Diem: _____	

GL: _____ Total Expense: \$ -

Function/Event: _____	
Date(s) of Event: _____	Registration Expense: _____
Duration of Event: _____	Lodging Expense: _____
Location of Event: _____	Total Meal Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Mileage (\$) Expense: \$ <u>-</u>
Other: _____	Incidental Expense: \$ <u>-</u>
Per Diem: _____	

GL: _____ Total Expense: \$ -

Mileage per Kilometer: <u>\$0.505</u>	Total Expenses \$ <u>186.73</u>
Meal Allowance (maximum \$60 daily):	Total Per Diem <u>1200.00</u>
Morning Meal: \$15.00	
Mid Day Meal: \$20.00	
Evening Meal: \$25.00	
Per Diem:	
0-2 Hours: \$50.00	
2-4 Hours: \$100.00	
4+ Hours: \$200.00	

Note: Receipts must be attached & submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: \$ 1200 A/P: \$ 186.73

Westlock Inn Ltd.

10411 - 100 Street
 Westlock, AB T7P 2G7
 P: (780) 349-4483 / F: (780) 349-6503
 westlockinn.fd@gmail.com

GST #R124433004

Lawrence Roy Giffin
 [REDACTED]
 Morniville, AB T8R 1S9
 Canada

Room	Folio	CheckIn	CheckOut	Balance
212	158726	07/12/2017	08/12/2017	0.00
Master Folio		Daily Rack Rate		

Date	Room	Description / Voucher	Charges	Credits	Balance
07/12/2017	212	Inn Cafe - 500 2886	18.80	0.00	18.80
07/12/2017	212	Room Taxable	104.95	0.00	123.75
07/12/2017	212	G.S.T. - 5.000%	5.25	0.00	129.00
07/12/2017	212	Tourism Levy - 4.000%	4.20	0.00	133.20
08/12/2017	212	Mastercard	0.00	133.20	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			104.95
		G.S.T. 5.00%			5.25
		Tourism Levy 4.00%			4.20

WESTLOCK INN
 10411 100TH STREET
 WESTLOCK AB

CARD *****2134
 CARD TYPE MASTERCARD
 DATE 2017/12/08
 TIME 2526 08:21:48
 RECEIPT NUMBER [REDACTED]

PRE-AUTH COMPLETION
 TOTAL

\$133.20

MasterCard

the web at www.westlockinn.com

Westlock Inn & Conference Centre
Inn Cafe
(780) 349-4483
GST#R124433004
Visit Us At
www.westlockinn.com

500 JENNYLEE

Tbl 11/1 Chk 2886 Gst 1
Dec07'17 04:48PM

**** SEAT 1 ****
1 CLASSIC BURGER 12.50
1 SOFT DRINKS 3.50
Subtotal 16.00
16.00 GST 0.80
Amount Due **16.80**

***** All *****

Subtotal 16.00
16.00 GST 0.80
Amount Due **16.80**

TIP: 2.00

TOTAL: 18.80

NAME: L. Gillin

SIGNATURE: [Signature]

ROOM NUMBER: 212

PLEASE PAY SERVER

Westlock Inn & Conference Centre
Inn Cafe
(780) 349-4483
GST#R124433004
Visit Us At
www.westlockinn.com

500 JENNYLEE

Tbl 11/1 Chk 2886 Gst 1
Dec07'17 04:48PM

1 CLASSIC BURGER 12.50
1 SOFT DRINKS 3.50
Charge Tip 2.00
POSTED TO 212
ROOM CHARGE 18.80

Subtotal 16.00
Service Chrg 2.00
16.00 GST 0.80
P A I D 18.80

-----500 Check Closed-----
-----Dec07'17 07:32PM-----

TIP: _____

TOTAL: _____

NAME: _____

SIGNATURE: _____

ROOM NUMBER: _____

PLEASE PAY SERVER

Council Expense Claim Form

Name: Sarah Hall

For the Month: November-December

Date: 12-Dec-17

Expenditure Details

Function/Event: <u>Municipal Planning Commission</u>		Registration Expense: \$	-
Date(s) of Event: <u>December 6th, 2017</u>		Lodging Expense: \$	-
Duration of Event: <u>30 mins</u>		Total Meal Expense: \$	-
Location of Event: <u>Morinville</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>\$50.00</u>			
GL: _____		Total Expense: \$	-

Function/Event: <u>Munis 101</u>		Registration Expense: \$	-
Date(s) of Event: <u>December 7 & 8</u>		Lodging Expense: _____	
Duration of Event: <u>2 days</u>		Total Meal Expense: \$	-
Location of Event: <u>Westlock</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>\$400.00</u>			
GL: _____		Total Expense: \$	-

Function/Event: <u>Municipal Planning Commission</u>		Registration Expense: _____	
Date(s) of Event: <u>November 1st, 2017</u>		Lodging Expense: _____	
Duration of Event: <u>30 minutes</u>		Total Meal Expense: _____	
Location of Event: <u>Morinville</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>\$50</u>			
GL: _____		Total Expense: \$	-

Function/Event: <u>AUMA Conference</u>		Registration Expense: _____	
Date(s) of Event: <u>November 21, 23, 23 & 24</u>		Lodging Expense: _____	
Duration of Event: <u>4 days</u>		Total Meal Expense: \$	-
Location of Event: <u>Calgary, AB.</u>		Mileage (\$) Expense: \$	353.50
Mileage Traveled (km): <u>700</u>		Incidental Expense: \$	-
Other: _____			
Per Diem: <u>\$800</u>			
GL: <u>01-720-11-272074</u>		Total Expense: \$	353.50

<p>Mileage per Kilometer: <u>\$0.505</u></p> <p>Meal Allowance (maximum \$60 daily):</p> <p style="padding-left: 40px;">Morning Meal: <u>\$15.00</u></p> <p style="padding-left: 40px;">Mid Day Meal: <u>\$20.00</u></p> <p style="padding-left: 40px;">Evening Meal: <u>\$25.00</u></p> <p>Per Diem: <u>0-2 Hours \$50.00</u></p> <p style="padding-left: 20px;"><u>2-4 Hours \$100.00</u></p> <p style="padding-left: 20px;"><u>4+ Hours \$200.00</u></p>	<table border="0" style="width: 100%;"> <tr style="background-color: #e0f0ff;"> <td>Total Expenses \$</td> <td style="text-align: right;">353.50</td> </tr> <tr style="background-color: #e0f0ff;"> <td>Total Per Diem</td> <td style="text-align: right;">1300.00</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="font-size: small;">Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</p> </div>	Total Expenses \$	353.50	Total Per Diem	1300.00
Total Expenses \$	353.50				
Total Per Diem	1300.00				

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: \$1300 A/P: \$353.50

Council Expense Claim Form

Name: Scott Richardson

For the Month: November - December

Date: 11-Dec-17

Expenditure Details

Function/Event: <u>Metting with minister Anderson in Westlock</u>	Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>1-Nov</u>	Lodging Expense: \$ <u> -</u>
Duration of Event: <u>3.5 hours</u>	Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Westlock</u>	Mileage (\$) Expense: \$ <u> 52.52</u>
Mileage Traveled (km): <u>104</u>	Incidental Expense: \$ <u> -</u>
Other: <u> </u>	
Per Diem: <u>\$100</u>	

GL: 01-720-11-272075 Total Expense: \$ 52.52 ✓

Function/Event: <u>AUMA 2017</u>	Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>November 21,22,23,24</u>	Lodging Expense: \$ <u> -</u>
Duration of Event: <u>4.5hrs travel and 8hr/day</u>	Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Calgary</u>	Mileage (\$) Expense: \$ <u> -</u>
Mileage Traveled (km): <u> </u>	Incidental Expense: \$ <u> -</u>
Other: <u> </u>	
Per Diem: <u>\$800 ✓</u>	

GL: Total Expense: \$ -

Function/Event: <u>Munis 101</u>	Registration Expense: <u> </u>
Date(s) of Event: <u>Dec 7 & 8</u>	Lodging Expense: <u> </u>
Duration of Event: <u>8 hrs/day</u>	Total Meal Expense: <u> </u>
Location of Event: <u>Westlock</u>	Mileage (\$) Expense: \$ <u> 105.04</u>
Mileage Traveled (km): <u>208</u>	Incidental Expense: <u> </u>
Other: <u> </u>	
Per Diem: <u>400</u>	

GL: 01-720-11-272075 Total Expense: \$ 105.04 ✓

Function/Event: <u>Sturgeon Regional Emergency Management Plan</u>	Registration Expense: <u> </u>
Date(s) of Event: <u>Dec 7th</u>	Lodging Expense: <u> </u>
Duration of Event: <u>4 hrs</u>	Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Redwater</u>	Mileage (\$) Expense: \$ <u> 50.50</u>
Mileage Traveled (km): <u>100</u>	Incidental Expense: \$ <u> -</u>
Other: <u> </u>	
Per Diem: <u> </u>	

GL: 01-720-11-272075 Total Expense: \$ 50.50 ✓

Mileage per Kilometer: <u>\$0.805</u>	Total Expenses \$ <u>208.06</u> ✓
Meal Allowance (maximum \$60 daily):	Total Per Diem <u>1300.00</u> ✓
Morning Meal: <u>\$15.00</u>	
Mid Day Meal: <u>\$20.00</u>	
Evening Meal: <u>\$25.00</u>	
Per Diem:	
0-2 Hours: <u>\$50.00</u>	
2-4 Hours: <u>\$100.00</u>	
4+ Hours: <u>\$200.00</u>	

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature:

Reviewed:

Mayor Approval:

Cheque #:

Payroll: \$1400 A/P: \$245.94

COUNCIL EXPENSE CLAIM FORM

NAME: Scott Richardson

FOR THE MONTH: November - December

DATE: Dec. 11, 2017

EXPENDITURE DETAILS

Function/Event: Northwest Refinery Event for Mayor		Registration Expense:	\$ -
Date(s) of Event:	<u>Dec. 8</u>	Lodging Expense:	\$ -
Duration of Event:	<u>3 hours</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Morinville / Northwest Refinery</u>	Mileage (\$) Expense:	\$ 37.88
Mileage Traveled (km):	<u>75</u>	Incidental Expense:	\$ -
Other:	_____		
Per Diem:	<u>100</u>		

GL: 01-720-11-272075 **Total Expense:** \$ **37.88**

Function/Event: _____		Registration Expense:	\$ -
Date(s) of Event:	_____	Lodging Expense:	\$ -
Duration of Event:	_____	Total Meal Expense:	\$ -
Location of Event:	_____	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):	_____	Incidental Expense:	\$ -
Other:	_____		
Per Diem:	_____		

GL: _____ **Total Expense:** \$ -

Function/Event: _____		Registration Expense:	_____
Date(s) of Event:	_____	Lodging Expense:	_____
Duration of Event:	_____	Total Meal Expense:	_____
Location of Event:	_____	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):	_____	Incidental Expense:	_____
Other:	_____		
Per Diem:	_____		

GL: _____ **Total Expense:** \$ -

Function/Event: _____		Registration Expense:	_____
Date(s) of Event:	_____	Lodging Expense:	_____
Duration of Event:	_____	Total Meal Expense:	\$ -
Location of Event:	_____	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):	_____	Incidental Expense:	\$ -
Other:	_____		
Per Diem:	_____		

GL: _____ **Total Expense:** \$ -

Mileage per Kilometers:	\$0.505
Meal Allowance (maximum \$60 daily):	
Morning Meal:	\$15.00
Mid Day Meal:	\$20.00
Evening Meal:	\$25.00
Per Diem:	
0-2 Hours:	\$50.00
2-4 Hours:	\$100.00
4+ Hours:	\$200.00

TOTAL EXPENSES	\$ 37.88
TOTAL PER DIEM	100.00

Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____