

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: June 16-September 30

DATE: October 4, 2019

Expenditure Details

Function/Event: Professional Coaching session		Registration Expense: \$	-
Date(s) of Event:	<u>21-Jun</u>	Lodging Expense: \$	-
Duration of Event:	<u>3.5</u>	Total Meal Expense: \$	-
Location of Event:	<u>Edmonton</u>	Mileage (\$) Expense: \$	24.75
Mileage Traveled (km):	<u>49</u>	Incidental Expense:	
Other:			
Per Diem:	<u>100</u>		

GL: 01-720-11-272069 **Expense: \$ 24.75**

Function/Event: AFN Water Conference		Registration Expense: \$	-
Date(s) of Event:	<u>25-Jun</u>	Lodging Expense:	
Duration of Event:		Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	18.18
Mileage Traveled (km):	<u>36</u>	Incidental Expense:	
Other:			
Per Diem:	<u>200</u>		

GL: 01-720-11-272069 **Expense: \$ 18.18**

Function/Event: Poundmakers Lodge Pow Wow		Registration Expense:	
Date(s) of Event:	<u>4-Aug</u>	Lodging Expense:	
Duration of Event:	<u>3 hours</u>	Total Meal Expense:	
Location of Event:		Mileage (\$) Expense: \$	25.25
Mileage Traveled (km):	<u>50</u>	Incidental Expense:	
Other:			
Per Diem:	<u>100</u>		

GL: 01-720-11-272069 **Expense: \$ 25.25**

Function/Event: Meeting with Sheldon Hudson		Registration Expense:	
Date(s) of Event:	<u>12-Aug</u>	Lodging Expense:	
Duration of Event:	<u>1 hour</u>	Total Meal Expense: \$	-
Location of Event:	<u>Edmonton</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:	<u>50</u>		

GL: 01-720-11-272069 **Expense: \$ -**

Meal Allowance (maximum \$41.55 daily):			Total Expenses: \$ 68.18 ✓
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	<i>Dinner \$20.75</i>	Total Per Diem: 450.00 ✓
Mileage:	per Kilometre	\$0.505	
Per Diem:	0-2 Hours	\$50.000	
	2-4 Hours	\$100.000	
	4-8 Hours	\$200.000	
	8+ Hours	\$300.000	
	Conference Rate	\$200.000	

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

Claimant's Signature: 

Reviewed: 

eputy **Mayor Approval:** 

Cheque #: _____

Payroll: 700.00

A/P: 564.37

to MH Oct. 17

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: page 2

DATE: _____

Expenditure Details

Function/Event: <u>EMRB golf tournament</u>	Registration Expense: \$ _____ -
Date(s) of Event: <u>22-Aug</u>	Lodging Expense: \$ _____ -
Duration of Event: _____	Total Meal Expense: \$ _____ -
Location of Event: <u>Leduc Golf Club</u>	Mileage (\$) Expense: \$ _____ <u>77.77</u>
Mileage Traveled (km): <u>154</u>	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: 01-720-11-272069 **Expense:** \$ 77.77

Function/Event: <u>Treaty Six Reconignition Day</u>	Registration Expense: \$ _____ -
Date(s) of Event: <u>23-Aug</u>	Lodging Expense: _____
Duration of Event: <u>3 hours</u>	Total Meal Expense: \$ _____ -
Location of Event: <u>Edmonton City Hall</u>	Mileage (\$) Expense: \$ _____ <u>19.70</u>
Mileage Traveled (km): <u>39</u>	Incidental Expense: \$ _____
Other: _____	
Per Diem: <u>100</u>	

GL: 01-720-11-272069 **Expense:** \$ 19.70

Function/Event: <u>AFN Pow Wow</u>	Registration Expense: _____
Date(s) of Event: <u>24-Aug</u>	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ _____ <u>18.18</u>
Mileage Traveled (km): <u>36</u>	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: 01-720-11-272069 **Expense:** \$ 18.18

Function/Event: <u>Regional Initiative meeting</u>	Registration Expense: _____
Date(s) of Event: <u>3-Sep</u>	Lodging Expense: _____
Duration of Event: <u>3 hours</u>	Total Meal Expense: \$ _____ -
Location of Event: <u>Stony Plain</u>	Mileage (\$) Expense: \$ _____ <u>52.02</u>
Mileage Traveled (km): <u>103</u>	Incidental Expense: _____
Other: _____	
Per Diem: <u>100</u>	

GL: 01-720-11-272069 **Expense:** \$ 52.02

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ <u>167.66</u> ✓
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: <u>200.00</u> ✓
Mileage: per Kilometre \$0.505	
Per Diem:	
0-2 Hours \$50.000	
2-4 Hours \$100.000	
4-8 Hours \$200.000	
8+ Hours \$300.000	
Conference Rate \$200.000	

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

Claimant's Signature: _____

Reviewed: _____

Deputy Mayor Approval: _____

Cheque #: _____

Payroll: _____

A/P: _____

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: page 3 DATE: _____

Expenditure Details

Function/Event: <u>Meeting with Sturgeon Public School Division Board of Trustees</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>11-Sep</u>		Lodging Expense: \$ _____	-
Duration of Event: <u>1.5</u>		Total Meal Expense: \$ _____	-
Location of Event: <u>Sturgeon Comp Highschool</u>		Mileage (\$) Expense: \$ _____	21.21
Mileage Traveled (km): <u>42</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>50</u>			

GL: 01-720-11-272069 Expense: \$ 21.21

Function/Event: <u>EMRB Mayor's Retreat</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>14-Sep</u>		Lodging Expense: _____	
Duration of Event: _____		Total Meal Expense: \$ _____	-
Location of Event: <u>Devon</u>		Mileage (\$) Expense: \$ _____	69.69
Mileage Traveled (km): <u>138</u>		Incidental Expense: \$ _____	
Other: _____			
Per Diem: _____			

GL: 01-720-11-272069 Expense: \$ 69.69

Function/Event: <u>Cell phone bills July - September</u>		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>237.63</u>
Other: _____			
Per Diem: _____			

GL: 01-820-11-282067 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: _____ Expense: \$ -

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ <u>328.53</u> 90.90 ✓
Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75	Total Per Diem: <u>50.00</u> ✓


Mileage: per Kilometre \$0.505

Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000

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

Claimant's Signature: 

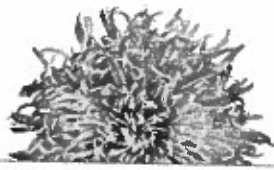
Reviewed: 

Deputy Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____



July 16, 2019
 BARRY TURNER
 Account number: I



Mobile services (continued)

BARRY A. TURNER
Charges for

Service continues on a month-to-month basis after your commitment end date of Aug 25, 2020.

Monthly and other charges (Jul 17 to Aug 16)

YourChoice Premium 75 - Unlimited	\$75.00	
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AB 911 Government Fee	\$0.44	
Total monthly and other charges		\$75.44

Add-ons (Jul 17 to Aug 16)

Access to Share Data	Free	
Total add-ons		\$0.00

Usage charges

Free airtime refers to non-chargeable minutes that are not part of your included minutes, and may include bonus minutes, evening and weekend calling, *611 calls. etc.

Text Msg - Sent	\$0.00	
Total used 399 (Msg)		
Data Usage - Mobile High Speed	\$0.00	
Total used 72.740 (MB)		
Picture Messaging - Picture Receive	\$0.00	
Total used 37 (Pic)		
Text Msg - Received	\$0.00	
Total used 456 (Msg)		
Data Usage	\$0.00	
Total used 1,979.620 (MB)		
Picture Messaging - Pictures	\$0.00	
Total used 6 (Pic)		
Local Airtime - Phone (minutes)	\$0.00	
Included 224:00 (MIN)		
Free 8:00 (MIN)		
Total used 232:00 (MIN)		
Total usage charges		\$0.00

Total before taxes\$75.44

GST\$3.77

Total for 780 - , with taxes\$79.21✓

Airtime Details for :

DATE	NUMBER AND PLACE YOU CALLED	WHERE YOU CALLED FROM	MINS: SECS	LOCAL AIRTIME RATE (\$/MIN)	LOCAL AIRTIME CHARGE (\$)	LONG DISTANCE CHARGE (\$)	OTHER CHARGE (\$)	TOTAL (\$)
Call charges								
1 Mon Jun 17 12:03 pm	780 224-2615 EDMONTON AB	EDMONTON AB	27:00	-	-	-	-	0.00

continued on page 10

August 16, 2019
BARRY TURNER
Account number:

Mobile services (continued)

BARRY A. TURNER
Charges for

Service continues on a month-to-month basis after your commitment
end date of Aug 25, 2020.

Monthly and other charges (Aug 17 to Sep 16)

YourChoice Premium 75 - Unlimited	\$75.00	
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AB 911 Government Fee	\$0.44	
Total monthly and other charges		\$75.44

Add-ons (Aug 17 to Sep 16)

Access to Share Data	Free	
Total add-ons		\$0.00

Usage charges

Free airtime refers to non-chargeable minutes that are not part of your included minutes,
and may include bonus minutes, evening and weekend calling, *611 calls. etc.

Long Distance - Domestic Phone	\$0.00	
Free 7:00 (MIN)		
Total used 7:00 (MIN)		
Text Msg - Sent	\$0.00	
Total used 267 (Msg)		
Data Usage - Mobile High Speed	\$0.00	
Total used 43.722 (MB)		
Picture Messaging - Picture Receive	\$0.00	
Total used 13 (Pic)		
Text Msg - Received	\$0.00	
Total used 308 (Msg)		
Data Usage	\$0.00	
Total used 1,956.343 (MB)		
Picture Messaging - Pictures	\$0.00	
Total used 3 (Pic)		
Local Airtime - Phone (minutes)	\$0.00	
Included 212:00 (MIN)		
Free 72:00 (MIN)		
Total used 284:00 (MIN)		
Total usage charges		\$0.00
Total before taxes		\$75.44
GST	\$3.77	
Total for with taxes		\$79.21 ✓

September 16, 2019
 BARRY TURNER
 Account number:

Mobile services (continued)

BARRY A. TURNER
 Charges for :

Service continues on a month-to-month basis after your commitment end date of Aug 25, 2020.

Monthly and other charges (Sep 17 to Oct 16)

YourChoice Premium 75 - Unlimited \$75.00
 Account wide calling LD
 No charge LD: CAN to CAN
 SMS Unlimited
 AB 911 Government Fee \$0.44
Total monthly and other charges\$75.44

Add-ons (Sep 17 to Oct 16)

Access to Share Data Free
Total add-ons\$0.00

Usage charges

Free airtime refers to non-chargeable minutes that are not part of your included minutes, and may include bonus minutes, evening and weekend calling, *611 calls. etc.

Picture Messaging - Pictures \$0.00
 Total used 3 (Pic)
 Data Usage \$0.00
 Total used 1,658.623 (MB)
 Text Msg - Received \$0.00
 Total used 327 (Msg)
 Picture Messaging - Picture Receive \$0.00
 Total used 21 (Pic)
 Data Usage - Mobile High Speed \$0.00
 Total used 474.451 (MB)
 Text Msg - Sent \$0.00
 Total used 213 (Msg)
 Local Airtime - Phone (minutes) \$0.00
 Included 137:00 (MIN)
 Free 1:00 (MIN)
 Total used 138:00 (MIN)
Total usage charges\$0.00

Total before taxes\$75.44

GST \$3.77
Total for , with taxes\$79.21 ✓

Airtime Details for

DATE	NUMBER AND PLACE YOU CALLED	WHERE YOU CALLED FROM	MINS: SECS	LOCAL AIRTIME RATE (\$/MIN)	LOCAL AIRTIME CHARGE (\$)	LONG DISTANCE CHARGE (\$)	OTHER CHARGE (\$)	TOTAL (\$)
Call charges								
1 Wed Aug 21 01:37 pm	800 267-5551 EDMONTON AB	INCOMING	3:00	-	-	-	-	0.00

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Council Expense Claim Form

Name: Rebecca Balanko

For the Month: August-October 2019

Date: October 22, 2019

Expenditure Details

Function/Event: MPC	
Date(s) of Event: 07-Aug	Registration Expense: \$ -
Duration of Event:	Lodging Expense: \$ -
Location of Event:	Total Meal Expense: \$ -
Mileage Traveled (km):	Mileage (\$) Expense: \$ -
Other:	Incidental Expense:
Per Diem: 50	

GL: _____ Expense: \$ -

Function/Event: SREMP	
Date(s) of Event: 12-Aug	Registration Expense: \$ -
Duration of Event:	Lodging Expense: \$ -
Location of Event:	Total Meal Expense: \$ -
Mileage Traveled (km):	Mileage (\$) Expense: \$ -
Other:	Incidental Expense:
Per Diem: 50	

GL: _____ Expense: \$ -

Function/Event: MPC	
Date(s) of Event: 04-Sep	Registration Expense: \$ -
Duration of Event:	Lodging Expense: \$ -
Location of Event:	Total Meal Expense: \$ -
Mileage Traveled (km):	Mileage (\$) Expense: \$ -
Other:	Incidental Expense:
Per Diem: 50	

GL: _____ Expense: \$ -


Function/Event: AUMA	
Date(s) of Event: Sept. 24-27	Registration Expense: \$ -
Duration of Event: 3 days	Lodging Expense: \$ -
Location of Event: Edmonton	Total Meal Expense: \$ -
Mileage Traveled (km): 84	Mileage (\$) Expense: \$ 42.42
Other:	Incidental Expense:
Per Diem: 700	

GL: 01-720-11-272070 Expense: \$ 42.42

Meal Allowance maximum \$41.55 daily):	
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Expenses: \$ 42.42
Mileage: per Kilometre \$0.505	Total Per Diem: 850.00
Per Diem:	
0-2 Hours \$50.00	
2-4 Hours \$100.00	
4-8 Hours \$200.00	
8+ Hours \$300.00	
Conference Rate \$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: \$1440

A/P: \$184.83

to MH Oct. 24

Council Expense Claim Form

NAME: Rebecca Balanko

FOR THE MONTH: page 2

Date: _____

Expenditure Details

Function/Event: <u>Library Board</u>			Registration Expense: \$ _____	-
Date(s) of Event:	<u>11-Sep</u>		Lodging Expense: \$ _____	-
Duration of Event:	<u>3 hours</u>		Total Meal Expense: \$ _____	-
Location of Event:	_____		Mileage (\$) Expense: \$ _____	-
Mileage Traveled (km):	_____		Incidental Expense: _____	
Other:	_____			
Per Diem:	<u>40</u>			

GL: _____	Expense: \$ _____
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Function/Event: <u>Board Basics, Library</u>			Registration Expense: \$ _____	-
Date(s) of Event:	<u>21-Sep</u>		Lodging Expense: _____	-
Duration of Event:	<u>9 hours</u>		Total Meal Expense: \$ _____	-
Location of Event:	_____		Mileage (\$) Expense: \$ _____	47.47
Mileage Traveled (km):	<u>94</u>		Incidental Expense: \$ _____	
Other:	_____			
Per Diem:	<u>200</u>			

GL: <u>01-720-11-272070</u>	Expense: \$ _____
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Function/Event: <u>MPC</u>			Registration Expense: _____	
Date(s) of Event:	<u>02-Oct</u>		Lodging Expense: _____	
Duration of Event:	<u>1.5</u>		Total Meal Expense: _____	
Location of Event:	_____		Mileage (\$) Expense: \$ _____	-
Mileage Traveled (km):	_____		Incidental Expense: _____	
Other:	_____			
Per Diem:	<u>50</u>			

GL: _____	Expense: \$ _____
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Function/Event: <u>Edmonton Global</u>			Registration Expense: _____	
Date(s) of Event:	<u>11-Oct</u>		Lodging Expense: _____	
Duration of Event:	<u>3.5</u>		Total Meal Expense: \$ _____	-
Location of Event:	_____		Mileage (\$) Expense: \$ _____	40.40
Mileage Traveled (km):	<u>80</u>		Incidental Expense: _____	
Other:	_____			
Per Diem:	<u>100</u>			

GL: <u>01-720-11-272070</u>	Expense: \$ _____
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Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ _____
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	87.87
Mileage: per Kilometre \$0.505	Total Per Diem: 390.00

Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000

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: _____

A/P: _____

Council Expense Claim Form

NAME: Rebecca Balanko

FOR THE MONTH: page 3

Date: _____

Expenditure Details

Function/Event: <u>Fall NAMRC meeting</u>	Registration Expense: \$ _____
Date(s) of Event: <u>18-Oct</u>	Lodging Expense: \$ _____
Duration of Event: _____	Total Meal Expense: \$ _____
Location of Event: <u>River Cree Resort</u>	Mileage (\$) Expense: \$ <u>54.54</u>
Mileage Traveled (km): <u>108</u>	Incidental Expense: _____
Other: _____	
Per Diem: <u>200</u>	

GL: 01-720-11-272070 **Expense:** \$ 54.54

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: _____ **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: _____ **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: _____ **Expense:** \$ _____

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ <u>54.54</u>
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: <u>200.00</u>

Mileage: per kilometre \$0.505	<i>Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</i>
Per Diem: 0-2 Hours \$50.000	
2-4 Hours \$100.000	
4-8 Hours \$200.000	
8+ Hours \$300.000	
Conference Rate \$200.000	

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: Sept- Oct

Date: October 10, 2019

Expenditure Details

Function/Event: <u>ICF task force meeting</u> Date(s) of Event: <u>05-Sep</u> Duration of Event: _____ Location of Event: <u>Morinville</u> Mileage Traveled (km): _____ Other: _____ Per Diem: <u>50</u>	Registration Expense: \$ _____ - Lodging Expense: \$ _____ - Total Meal Expense: \$ _____ - Mileage (\$) Expense: \$ _____ - Incidental Expense: _____
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GL: _____ Expense: \$ _____ -

Function/Event: <u>Meeting with Sturgeon School Division</u> Date(s) of Event: <u>11-Sep</u> Duration of Event: _____ Location of Event: <u>Sturgeon Comp High School</u> Mileage Traveled (km): <u>42</u> Other: _____ Per Diem: <u>50</u>	Registration Expense: \$ _____ - Lodging Expense: _____ Total Meal Expense: \$ _____ - Mileage (\$) Expense: \$ _____ 21.21 Incidental Expense: \$ _____
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GL: 01-720-11-272071 Expense: \$ _____ 21.21

Function/Event: <u>Community Service Advisory Committee</u> Date(s) of Event: <u>18-Sep</u> Duration of Event: <u>1.5 hours</u> Location of Event: <u>MCCC</u> Mileage Traveled (km): _____ Other: _____ Per Diem: <u>50</u>	Registration Expense: _____ Lodging Expense: _____ Total Meal Expense: _____ Mileage (\$) Expense: \$ _____ - Incidental Expense: _____
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GL: _____ Expense: \$ _____ -

Function/Event: <u>AUMA</u> Date(s) of Event: <u>Sept 24-27</u> Duration of Event: <u>4 days</u> Location of Event: <u>Shaw Conference Centre</u> Mileage Traveled (km): <u>62</u> Other: _____ Per Diem: <u>700</u>	Registration Expense: _____ Lodging Expense: _____ Total Meal Expense: \$ _____ - Mileage (\$) Expense: \$ _____ 31.31 Incidental Expense: _____
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GL: 01-720-11-272071 Expense: \$ _____ 31.31

Meal Allowance maximum \$41.55 daily):			Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75	
Mileage:	per Kilometre	\$0.505	
Per Diem:	0-2 Hours	\$50.00	
	2-4 Hours	\$100.00	
	4-8 Hours	\$200.00	
	8+ Hours	\$300.00	
	Conference Rate	\$200.00	
Total Expenses: \$ 52.52			
Total Per Diem: 850.00			

Claimant's Signature: 

Reviewed: 

Mayor Approval: _____

Cheque #: _____

Payroll: 1150

A/P: 114.13

to MH Oct. 17

Council Expense Claim Form

NAME: Nicole Boutestein

FOR THE MONTH: page 2

DATE: _____

Expenditure Details

Function/Event: <u>Red Tape Reduction</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>04-Oct</u>		Lodging Expense: \$ _____	-
Duration of Event: <u>2.5 hours</u>		Total Meal Expense: \$ _____	-
Location of Event: <u>Sturgeon Valley Golf Course</u>		Mileage (\$): \$ _____	21.21
Mileage Traveled (km): <u>42</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>100</u>			

GL: 01-720-11-272071 **Expense:** \$ 21.21

Function/Event: <u>EMRB</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>10-Oct</u>		Lodging Expense: _____	-
Duration of Event: _____		Total Meal Expense: \$ _____	-
Location of Event: <u>Chateau Louis</u>		Mileage (\$): \$ _____	40.40
Mileage Traveled (km): <u>80</u>		Incidental Expense: \$ _____	
Other: _____			
Per Diem: <u>200</u>			

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

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


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

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

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

Meal Allowance (maximum \$41.55 daily):			Total Expenses: \$ <u>61.61</u>
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	<i>Dinner \$20.75</i>	Total Per Diem: <u>300.00</u>
Mileage:	per Kilometre	\$0.505	
Per Diem:	0-2 Hours	\$50.000	<i>Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</i>
	2-4 Hours	\$100.000	
	4-8 Hours	\$200.000	
	8+ Hours	\$300.000	
	Conference Rate	\$200.000	

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____

Council Expense Claim Form

Name: Stephen Dafoe

For the Month: September 1-30

Date: October 1, 2019

Expenditure Details

Function/Event: ICF meeting Sturgeon		Registration Expense:	\$ -
Date(s) of Event:	<u>5-Sep</u>	Lodging Expense:	\$ -
Duration of Event:	<u>2.25</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Morinville</u>	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):		Incidental Expense:	\$ -
Other:			
Per Diem:	<u>50</u>		

GL: _____ Expense: \$ -

Function/Event: Sturgeon School Division Meeting		Registration Expense:	\$ -
Date(s) of Event:	<u>11-Sep</u>	Lodging Expense:	\$ -
Duration of Event:	<u>1.5</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Namao</u>	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):		Incidental Expense:	\$ -
Other:			
Per Diem:	<u>50</u>		

GL: _____ Expense: \$ -

Function/Event: Roseridge Meeting		Registration Expense:	\$ -
Date(s) of Event:	<u>12-Sep</u>	Lodging Expense:	\$ -
Duration of Event:	<u>5</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Bon accord</u>	Mileage (\$) Expense:	\$ 18.69
Mileage Traveled (km):	<u>37</u>	Incidental Expense:	\$ -
Other:			
Per Diem:			

GL: 01-720-11-272072 Expense: \$ 18.69

Function/Event: State of the County Event		Registration Expense:	\$ -
Date(s) of Event:	<u>19-Sep</u>	Lodging Expense:	\$ -
Duration of Event:	<u>3</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Villeneuve</u>	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):		Incidental Expense:	\$ -
Other:			
Per Diem:	<u>100</u>		

GL: _____ Expense: \$ -

Meal Allowance maximum \$41.55 daily):		Total Expenses:	\$ 18.69
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	Total Per Diem:	200.00
	<i>Dinner \$20.75</i>		
Mileage:	per Kilometre		
	\$0.505		
Per Diem:	0-2 Hours		
	\$50.00		
	2-4 Hours		
	\$100.00		
	4-8 Hours		
	\$200.00		
	8+ Hours		
	\$300.00		
	Conference Rate		
	\$200.00		

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

Claimant's Signature: _____

Stephen Dafoe

Reviewed: _____

JD

Mayor Approval: _____

[Signature]

Cheque #: _____

Payroll: 1300

A/P: 53.03

to MH Oct 7

Council Expense Claim Form

NAME: Stephen Dafoe

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

Expenditure Details

Function/Event: NLLS quarterly Board Meeting		Registration Expense:	\$ -
Date(s) of Event:	<u>21-Sep</u>	Lodging Expense:	\$ -
Duration of Event:	<u>9.5</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Elk Point</u>	Mileage (\$) Expense:	\$ -
Mileage Traveled (km):	_____	Incidental Expense:	_____
Other:	_____		
Per Diem:	<u>300</u>		

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

Function/Event: AUMA pre-Conference Tour		Registration Expense:	\$ -
Date(s) of Event:	<u>24-Sep</u>	Lodging Expense:	_____
Duration of Event:	<u>6</u>	Total Meal Expense:	\$ -
Location of Event:	<u>Edmonton</u>	Mileage (\$) Expense:	\$ 17.17
Mileage Traveled (km):	<u>34</u>	Incidental Expense:	_____
Other:	_____		
Per Diem:	<u>200</u>		

GL: 01-720-11-272072 **Expense:** \$ 17.17

Function/Event: AUMA Conference (conference Only)		Registration Expense:	_____
Date(s) of Event:	<u>Sept 25-27</u>	Lodging Expense:	_____
Duration of Event:	<u>24</u>	Total Meal Expense:	_____
Location of Event:	<u>Edmonton</u>	Mileage (\$) Expense:	\$ 17.17
Mileage Traveled (km):	<u>34</u>	Incidental Expense:	_____
Other:	_____		
Per Diem:	<u>600</u>		

GL: 01-720-11-272072 **Expense:** \$ 17.17

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: _____ **Expense:** \$ -

Meal Allowance (maximum \$41.55 daily):			Total Expenses: \$	34.34
<i>Breakfast</i> \$9.20	<i>Lunch</i> \$11.60	<i>Dinner</i> \$20.75	Total Per Diem:	1100.00
Mileage:	per Kilometre	\$0.505		
Per Diem:	0-2 Hours	\$50.000	<i>Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</i>	
	2-4 Hours	\$100.000		
	4-8 Hours	\$200.000		
	8+ Hours	\$300.000		
	Conference Rate	\$200.000		

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
5-Sep	ICF meeting	meeting sturgeon county	2.25
7-Sep	MLC Opening	opening new leisure centre	3.25
10-Sep	JMMF Tour	toured Jessie's House	0.75
10-Sep	Council	regular meeting	3.25
11-Sep	SSD meeting	meeting sturgeon school division	2.5
11-Sep	Library meeting	meeting with library board	0.75
12-Sep	Roseridge	rosesidge board meeting / banking 13and27	6.5
15-Sep	Resident concerns	for month roughly: homelessness, taes, sponsorship rec centre, bussing, committees,	6
19-Sep	State of County	Sturgeon County Mayor Address	3
21-Sep	NLLS	Board meeting 21 / questions on Sept 22	10
24-Sep	Auma Pre-Conference	Clean Energy Tour incl travel time	6
25-Sep	AUMA conference	Conference time only Sept 25-27	24
25-Sep	AUMA dinner	Regional dinner with County towns	3
25-Sep	AUMA Networking events	Networking post conference Sept 24-27	16.5
30-Sep	Agenda Preparation	Month total estimate Agenda reading and prep time	12
Total:			99.75

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: Sept 1 to Sept 30 Date: 01/Oct/19

Expenditure Details

Function/Event: <u>Roseridge Meeting</u>		Registration Expense: \$	-
Date(s) of Event:	<u>12-Sep</u>	Lodging Expense: \$	-
Duration of Event:	<u>4</u>	Total Meal Expense: \$	-
Location of Event:	<u>Bon Accord</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):	<u>0</u>	Incidental Expense:	
Other:			
Per Diem:	<u>100</u>		

GL: _____ Expense: \$ -

Function/Event: <u>State of Sturgeon County Address</u>		Registration Expense: \$	-
Date(s) of Event:	<u>19-Sep</u>	Lodging Expense: \$	-
Duration of Event:	<u>4</u>	Total Meal Expense: \$	-
Location of Event:	<u>Villeneuve Airport</u>	Mileage (\$) Expense: \$	39.39
Mileage Traveled (km):	<u>78</u>	Incidental Expense:	
Other:			
Per Diem:	<u>100</u>		

GL: 01-720-11-272073 Expense: \$ 39.39

Function/Event: <u>Traffic Advisory Committee Meeting</u>		Registration Expense: \$	-
Date(s) of Event:	<u>24-Sep</u>	Lodging Expense: \$	-
Duration of Event:	<u>2</u>	Total Meal Expense: \$	-
Location of Event:	<u>Council Chambers</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:	<u>50</u>		

GL: _____ Expense: \$ -

Function/Event: <u>AUMA Convention</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Sept 24 to 27</u>	Lodging Expense: \$	-
Duration of Event:	<u>4 days incl. pre-conference</u>	Total Meal Expense: \$	-
Location of Event:	<u>Edmonton Convention Centre</u>	Mileage (\$) Expense: \$	41.41
Mileage Traveled (km):	<u>82</u>	Incidental Expense:	
Other:			
Per Diem:	<u>700</u>		


GL: 01-720-11-272073 Expense: \$ 41.41

Meal Allowance maximum \$41.55 daily):		Total Expenses: \$	80.80 ✓
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	Total Per Diem:	950.00 ✓
	<i>Dinner \$20.75</i>		

Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$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: 1000.00

A/P: 102.01

to MH Oct.17

Council Expense Claim Form

NAME: Lawrence Giffin

FOR THE MONTH: page 2

Date: _____

Expenditure Details

Function/Event: <u>Sturgeon School Division meeting</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>Sept. 11</u>		Lodging Expense: \$ _____	-
Duration of Event: _____		Total Meal Expense: \$ _____	-
Location of Event: _____		Mileage (\$) Expense: \$ _____	21.21
Mileage Traveled (km): <u>42</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>50</u>			

GL: <u>01-720-11-272073</u>	Expense: \$	21.21
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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: _____	Expense: \$	-
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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: _____	Expense: \$	-
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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: _____	Expense: \$	-
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Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$	21.21 ✓
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem:	50.00 ✓

Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000

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: _____

A/P: _____

Council Expense Claim Form

Name: Sarah Hall

For the Month: September-19

Date: October 3, 2019

Expenditure Details

Function/Event: <u>Regional Transit Commission (RTSC)</u>		Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>6-Sep</u>		Lodging Expense: \$ <u>-</u>
Duration of Event: <u>7 hours</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$ <u>38.38</u>
Mileage Traveled (km): <u>76</u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>\$200</u>		

GL: 01-720-11-272074 Expense: \$ 38.38

Function/Event: <u>CSAB</u>		Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>18-Sep</u>		Lodging Expense: <u> </u>
Duration of Event: <u>2 hours</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: <u>MCCC</u>		Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): <u> </u>		Incidental Expense: \$ <u> </u>
Other: <u> </u>		
Per Diem: <u>\$50</u>		

GL: Expense: \$ -

Function/Event: <u>RTSC</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>19-Sep</u>		Lodging Expense: <u> </u>
Duration of Event: <u>5 hours</u>		Total Meal Expense: <u> </u>
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$ <u>38.38</u>
Mileage Traveled (km): <u>76</u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>\$200</u>		

GL: 01-720-11-272074 Expense: \$ 38.38

Function/Event: <u>AUMA Conference</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>Sept 24-27</u>		Lodging Expense: <u> </u>
Duration of Event: <u>4 days</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): <u> </u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>\$700</u>		


GL: Expense: \$ -

Meal Allowance maximum \$41.55 daily):		Total Expenses: \$ <u>76.76</u>
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
Mileage: per Kilometre	\$0.505	
Per Diem:	0-2 Hours	\$50.00
	2-4 Hours	\$100.00
	4-8 Hours	\$200.00
	8+ Hours	\$300.00
	Conference Rate	\$200.00
		Total Per Diem: <u>1150.00</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: 1200

A/P: 76.76

to MH Oct 7

Council Expense Claim Form

NAME: Sarah Hall

FOR THE MONTH: September-19 **DATE:** _____

Expenditure Details

Function/Event: <u>Meeting with Sturgeon Public School Division Board of Trustees</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>11-Sep</u>		Lodging Expense: \$ _____	-
Duration of Event: <u>1.5</u>		Total Meal Expense: \$ _____	-
Location of Event: <u>Sturgeon Comp</u>		Mileage (\$) Expense: \$ _____	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>50</u>			

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

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ _____ -
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: 50.00

Mileage:	per Kilometre	\$0.505
Per Diem:	0-2 Hours	\$50.000
	2-4 Hours	\$100.000
	4-8 Hours	\$200.000
	8+ Hours	\$300.000
	Conference Rate	\$200.000

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: _____

A/P: _____

Council Activity Report

Name: Sarah Hall

Month:

Date	Function / Event	Comments	Duration
3-Sep	Admin Briefing	Attended admin briefing	3
6-Sep	RTSC	Attended transit commission workshop	7
7-Sep	MLC Grand Opening	Attended MLC grand opening	4.5
9-Sep	Council Prep	agendas, notes and meeting prep	3
10-Sep	Council Meeting	Attended regular meeting of council	4
10-Sep	JMMF Tour	Tour of Jessie's house	1
11-Sep	SPSD/TOM Meeting	Met with Sturgeon Public School Division	1.5
11-Sep	MLB/TOM Meeting	Met with Morinville Library Board	1.5
13-Sep	Womens Conference meeting	Met with womens day committee	1
16-Sep	Performance review meeting	Met with CAO performance review committee for mid year check in	1.5
16-Sep	Council Prep	Review of agendas, notes and C.O.W. meeting prep	4
17-Sep	Special meeting of council & COW	Attended Special meeting of council and Committee of the Whole	5.5
18-Sep	Resident meeting	met with resident to discuss concerns	1.5
18-Sep	CSAB	Attended Community Services Advisory Board meeting	2
19-Sep	Homeland Housing	Attended Homeland Housing board meeting (includes prep & travel time)	5
19-Sep	RTSC	Attended Regional Transit Commission workshop (includes travel time)	5
24-27 sep	AUMA Conference	Attended AUMA conference in Edmonton	42
		Total:	93