

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: October - December 2019

DATE: December 13, 2019

Expenditure Details

Function/Event: <u>AUMA Resolution</u>		Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>Sept. 27</u>		Lodging Expense: \$ <u> -</u>
Duration of Event: <u>1.5</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>50</u>		

GL: Expense: \$ -

Function/Event: <u>ICF meeting</u>		Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>Oct. 18</u>		Lodging Expense: <u> </u>
Duration of Event: <u>2</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Morinville</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>Villeneuve Landing Network meeting</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>Oct. 23</u>		Lodging Expense: <u> </u>
Duration of Event: <u>2.5</u>		Total Meal Expense: <u> </u>
Location of Event: <u>Villeneuve</u>		Mileage (\$) Expense: \$ <u> 30.30</u>
Mileage Traveled (km): <u>60</u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>100</u>		

GL: 01-720-11-272069 Expense: \$ 30.30

Function/Event: <u>Economic Development Ministry Dinner</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>Oct. 24</u>		Lodging Expense: <u> </u>
Duration of Event: <u>4</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$ <u> 22.07</u>
Mileage Traveled (km): <u>43.7</u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>200</u>		

GL: 01-720-11-272069 Expense: \$ 22.07

Meal Allowance (maximum \$41.55 daily):		Total Expenses: \$ <u>52.37</u>
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75
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
		Total Per Diem: 400.00

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: \$700

A/P: \$321.89

Submitted to CFS Dec 16

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: page 2 DATE: _____

Expenditure Details

Function/Event: Professional coaching session	Registration Expense: _____
Date(s) of Event: Oct. 28	Lodging Expense: _____
Duration of Event: Edmonton	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ <u>24.75</u>
Mileage Traveled (km): 49	Incidental Expense: _____
Other: _____	
Per Diem: 100	

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

Function/Event: Spruce Grove tour with Council	Registration Expense: _____
Date(s) of Event: Nov. 7	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: Spruce Grove	Mileage (\$) Expense: \$ <u>39.90</u>
Mileage Traveled (km): 79	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: 01-720-11-272069 **Expense:** \$ 39.90

Function/Event: Villeneuve Landing Network	Registration Expense: _____
Date(s) of Event: Dec. 13	Lodging Expense: _____
Duration of Event: Sturgeon County	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ <u>21.72</u>
Mileage Traveled (km): 43	Incidental Expense: _____
Other: _____	
Per Diem: 100	

GL: 01-720-11-272069 **Expense:** \$ 21.72

Function/Event: Professional coaching session	Registration Expense: _____
Date(s) of Event: Dec. 16	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: _____	Mileage (\$) Expense: \$ <u>24.75</u>
Mileage Traveled (km): 49	Incidental Expense: _____
Other: _____	
Per Diem: 100	

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

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ <u>111.10</u>
Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75	Total Per Diem: <u>300.00</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: 

Mayor Approval: 

Cheque #: _____

Payroll: _____

A/P: _____

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: page 3 **DATE:** _____

Expenditure Details

Function/Event: <u>Cell phone bills October-December</u> Date(s) of Event: _____ Duration of Event: _____ Location of Event: _____ Mileage Traveled (km): _____ Other: _____ Per Diem: _____	Registration Expense: _____ Lodging Expense: _____ Total Meal Expense: _____ Mileage (\$) Expense: _____ Incidental Expense: \$ <u>158.42</u>
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GL: 01-820-11-282067 **Expense: \$ 158.42**

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

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

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


Meal Allowance (maximum \$41.55 daily):	Expense: \$ -
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Expenses: \$ 158.42
Mileage: per Kilometre \$0.505	Total Per Diem: 0.00

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: _____



October 16, 2019
 BARRY TURNER
 Account number:



Mobile services (continued)

BARRY A. TURNER
Charges for 780 405-3071

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

Monthly and other charges (Oct 17 to Nov 16)

YourChoice Premium 75 - Unlimited	\$75.00	
Unlimited Nationwide Family Calling		
Unlimited nationwide calls		
Unlimited nationwide texts, picture		
AB 911 Government Fee	\$0.44	
Total monthly and other charges		\$75.44

Add-ons (Oct 17 to Nov 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 2:00 (MIN)		
Total used 2:00 (MIN)		
Text Msg - Sent	\$0.00	
Total used 257 (Msg)		
Data Usage - Mobile High Speed	\$0.00	
Total used 121.863 (MB)		
Picture Messaging - Picture Receive	\$0.00	
Total used 19 (Pic)		
Text Msg - Received	\$0.00	
Total used 333 (Msg)		
Data Usage	\$0.00	
Total used 2,347.334 (MB)		
Picture Messaging - Pictures	\$0.00	
Total used 1 (Pic)		
Local Airtime - Phone (minutes)	\$0.00	
Included 249:00 (MIN)		
Total used 249:00 (MIN)		
Total usage charges		\$0.00

Total before taxes.....\$75.44

 GST

	\$3.77	
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Total for 780 405-3071, with taxes.....\$79.21 ✓

November 16, 2019
BARRY TURNER
Account number:

Mobile services (continued)

BARRY A. TURNER
Charges for 780 405-3071

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

Monthly and other charges (Nov 17 to Dec 16)

YourChoice Premium 75 - Unlimited Unlimited Nationwide Account Wide Unlimited nationwide calls Unlimited nationwide texts, picture	\$75.00	
AB 911 Government Fee	\$0.44	
Total monthly and other charges		\$75.44

Add-ons (Nov 17 to Dec 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.

Data Usage	\$0.00	
Total used 1,615.143 (MB)		
Text Msg - Received	\$0.00	
Total used 362 (Msg)		
Picture Messaging - Picture Receive	\$0.00	
Total used 21 (Pic)		
Data Usage - Mobile High Speed	\$0.00	
Total used 57.354 (MB)		
Text Msg - Sent	\$0.00	
Total used 325 (Msg)		
Picture Messaging - Pictures	\$0.00	
Total used 8 (Pic)		
Local Airtime - Phone (minutes)	\$0.00	
Included 355:00 (MIN)		
Free 65:00 (MIN)		
Total used 420:00 (MIN)		
Total usage charges		\$0.00

Total before taxes		\$75.44
GST	\$3.77	
Total for 780 405-3071, with taxes		\$79.21 ✓

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: Nov-Dec

Date: December 15, 2019

Expenditure Details

Function/Event: <u>IRTMP</u>	Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>24-Oct</u>	Lodging Expense: \$ <u> -</u>
Duration of Event: _____	Total Meal Expense: \$ <u> -</u>
Location of Event: <u>La Cité Francophone</u>	Mileage (\$) Expense: \$ <u> 20.20</u>
Mileage Traveled (km): <u>40</u>	Incidental Expense: _____
Other: _____	
Per Diem: <u>200</u>	

GL: <u>01-720-11-272071</u>	Expense: \$ <u> 20.20</u>
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Function/Event: _____	Registration Expense: \$ <u> -</u>
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: \$ <u> -</u>
Location of Event: _____	Mileage (\$) Expense: \$ <u> -</u>
Mileage Traveled (km): _____	Incidental Expense: \$ <u> -</u>
Other: _____	
Per Diem: _____	

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

GL: _____	Expense: \$ <u> -</u>
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Meal Allowance maximum \$41.55 daily):		
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: \$	20.20
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 #: _____

Payroll: \$200

A/P: \$20.20

to CFS Dec 13/19

Council Expense Claim Form

Name: Stephen Dafoe
 For the Month: November Date: December 3, 2019

Expenditure Details

Function/Event: Northern Lights Library System	Registration Expense: \$ -
Date(s) of Event: _____	Lodging Expense: \$ -
Duration of Event: <u>8.6</u>	Total Meal Expense: \$ -
Location of Event: <u>Elk Point</u>	Mileage (\$) Expense: \$ -
Mileage Traveled (km): <u>0</u>	Incidental Expense: _____
Other: _____	
Per Diem: <u>300</u>	

GL: _____ Expense: \$ -

Function/Event: Roseridge	Registration Expense: \$ -
Date(s) of Event: <u>21-Nov</u>	Lodging Expense: _____
Duration of Event: <u>3</u>	Total Meal Expense: \$ -
Location of Event: <u>Bon Accord</u>	Mileage (\$) Expense: \$ <u>18.69</u>
Mileage Traveled (km): <u>37</u>	Incidental Expense: \$ _____
Other: _____	
Per Diem: _____	

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

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>18.69</u>
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: <u>300.00</u>

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: \$300

A/P: \$18.69

Submitted Dec 13, 2019

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
02-Nov	Applefest	attended community event	0.5
02-Nov	Resident concern	re sidewalk and lawn work	0.5
02-Nov	budget emails	answered several email related to budget	1
04-Nov	resident concerns	one on parking, one on homeless	1
05-Nov	resident/business concern	too much PW equipment	0.25
05-Nov	Admin Briefing	regular monthly event	3
05-Nov	Resident concern	re sidewalk cleaning	2,25
06-Nov	Mock council meeting	2 Grade 6 classes at council	2
06-Nov	Chamber Luncheon	paid myself - attended as Council	1
07-Nov	Spruce Grove Tour	toured several facilities / dinner meeting	6
08-Nov	meet with resident	resident concern / meuniers re taxes	1
12-Nov	council	regular council meeting	5.5
12-Nov	power box concern	resident concern / called into public works	0.25
14-Nov	council / chamber meeting	community group meeting to hear concerns	2
15-Nov	business owner concern	Met with business owner re taxes	0.5
19-Nov	Committee of the Whole	regular COW meeting	5
21-Nov	Roseridge	meeting with manager / regular meeting	4
		Total:	33.5

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
23-Nov	Northern Lights Library System	attended meeting as alternate to support appt	8.6
24-Nov	resident concerns	fee rates / social media	1
25-Nov	Special Committee of the Whole	additional meeting re budget	2.5
26-Nov	Council meeting	2nd regular council meeting	4.5
27-Nov	Tree Decorating	volunteered for annual tree decorating event	2
27-Nov	Roseridge business		1
28-Nov	Gordon Boddez	call re commissioner of oaths	0.25
29-Nov	Gordon Boddez	Commissioner of Oaths signing	0.5
29-Nov	Roseridge	meeting with manager	0.5
nov1-30	Agenda packages and prep	3 meetings plus extra special meeting	15
Nov 1-30	emails / research	Geenral research / fact check / social media	6
			0
			0
			0
			0
			0
			0
Total:			41.85

Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
03-Dec	ROTARY CALL	RE PLAYGROUND DEMOLISH	0.5
04-Dec	BUDGET SIT DOWN	NOREEN RADFORD	1
04-Dec	MEETING	COMMUNICATIONS HEAD	0.5
10-Dec	COUNCIL	EARLY START	6.5
11-Dec	MOCK COUNCIL	MPS STUDENTS	1
12-Dec	ROSERIDGE	REGULAR ROSERIDGE MEETING	3
18-Dec	FIREHALL	COUNCIL VISIT TO HALL	0.5
			0
			0
			0
			0
			0
			0
		meeting and ICF pre meeting	0
			0
		S Boursma, G Putnam, G Boddez, D Gibb, M Stevens	0
			0
Total:			13

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: December 1 to 31 2019

Date: 31-Dec-19

Expenditure Details

Function/Event: <u>EMRB Meeting</u>		Registration Expense: \$	-
Date(s) of Event: <u>12-Dec</u>		Lodging Expense: \$	-
Duration of Event: <u>6</u>		Total Meal Expense: \$	-
Location of Event: <u>Chateau Louis Edmonton</u>		Mileage (\$) Expense: \$	31.31
Mileage Traveled (km): <u>62</u>		Incidental Expense:	
Other:			
Per Diem: <u>200</u>			

GL: 01-720 11-272073 Expense: \$ **31.31**

Function/Event: <u>Rosieridge Board Meeting</u>		Registration Expense: \$	-
Date(s) of Event: <u>12-Dec</u>		Lodging Expense: \$	-
Duration of Event: <u>2</u>		Total Meal Expense: \$	-
Location of Event: <u>Bon Accord Town Office</u>		Mileage (\$) Expense: \$	19.70
Mileage Traveled (km): <u>39</u>		Incidental Expense:	
Other:			
Per Diem: <u>50</u>			

GL: 01-720-11-272073 Expense: \$ **19.70**

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: \$ 51.01
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: 250.00

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: \$250

A/P: \$51.01

Submitted to CFS Jan. 9/20

Council Expense Claim Form

Name: Sarah Hall

For the Month: Nov-19

Date: December 2, 2019

Expenditure Details

Function/Event: RTSC	Registration Expense: \$ -
Date(s) of Event: 30-Oct	Lodging Expense: \$ -
Duration of Event: 1.5	Total Meal Expense: \$ -
Location of Event: Virtual	Mileage (\$) Expense: \$ -
Mileage Traveled (km):	Incidental Expense: _____
Other: _____	
Per Diem: 50	

GL: _____ Expense: \$ -

Function/Event: MPC	Registration Expense: \$ -
Date(s) of Event: 06-Nov	Lodging Expense: _____
Duration of Event: 0.5	Total Meal Expense: \$ -
Location of Event: Morinville	Mileage (\$) Expense: \$ -
Mileage Traveled (km):	Incidental Expense: \$ _____
Other: _____	
Per Diem: 50	

GL: _____ Expense: \$ -

Function/Event: Spruce Grove Tour	Registration Expense: _____
Date(s) of Event: _____	Lodging Expense: _____
Duration of Event: _____	Total Meal Expense: _____
Location of Event: Spruce Grove	Mileage (\$) Expense: \$ 51.51
Mileage Traveled (km): 102	Incidental Expense: _____
Other: _____	
Per Diem: _____	

GL: 01-720-11-272074 Expense: \$ 51.51

Function/Event: RTSC	Registration Expense: _____
Date(s) of Event: 13-Nov	Lodging Expense: _____
Duration of Event: 1.5	Total Meal Expense: \$ -
Location of Event: Virtual	Mileage (\$) Expense: \$ -
Mileage Traveled (km):	Incidental Expense: _____
Other: _____	
Per Diem: \$50	

GL: _____ Expense: \$ -

Meal Allowance maximum \$41.55 daily):			Total Expenses: \$ 51.51
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75	Total Per Diem: 150.00
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: \$350

A/P: \$89.89

to MH Dec. 2

Council Expense Claim Form

NAME: Sarah Hall

FOR THE MONTH: _____ DATE: _____

Expenditure Details

Function/Event: <u>RTSC Transition Team</u>		Registration Expense: \$	-
Date(s) of Event: <u>21-Nov</u>		Lodging Expense: \$	-
Duration of Event: <u>8</u>		Total Meal Expense: \$	-
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$	38.38
Mileage Traveled (km): <u>76</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>200</u>			

GL: <u>01-720-11-272074</u>	Expense: \$ 38.38
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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: \$ 38.38
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: 200.00

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: November 2019

Date	Function / Event	Comments	Duration
29-Oct	Budget Open House	Attended budget presentations and open house to discuss the 2020 budget	2.5
30-Oct	RTSC	Attended virtual RTSC session - progress on governance and financial models	1.5
01-Nov	Womens Conference	Attended organizational meeting	1.5
05-Nov	Admin Briefing	Attended admin briefing	3
06-Nov	Mock Council Meeting	Participated in a Mock Council Meeting for GHP Grade 5 classes	1
06-Nov	MPC	Attended the Municipal Planning Commission meeting	1
07-Nov	Spruce Grove Tour	Attended tour of Spruce Grove w/ Mayors and council	5
08-Nov	MPS Remembrance Day Cerem	Attended the Four Winds Public School Remembrance day ceremony	1.5
11-Nov	Legion Remembrance Day	Attended Legion led Remembrance Day ceremonies at the MCCC	2
11-Nov	Council Prep	Agenda, budget studying and prep	5
12-Nov	MLA Meeting	Met with MLA Dale Nally	1
12-Nov	Regular meeting of Council	Participated in council meeting	4
13-Nov	RTSC Virtual Session	Attended virtual RTSC session	1.5
17-Nov	Council Prep	Agenda & reports reading / notes	4
19-Nov	Committee of the Whole	Attended C.O.W.	5
20-Nov	Council/Legion Meeting	Attended Legion meeting	2
21-Nov	RTSC Workshop	Attended final workshop of current phase, work on final report.	8
25-Nov	Council Prep	Agenda, budget studying and prep	5
25-Nov	Special C.O.W.	Attended special committee of the whole meeting focusing on budget	3
26-Nov	Council Meeting	Attended regualr meeting of council. Passed 2nd reading of budget	5
28-Nov	Homeland Housing	Attended monthly Homeland Housing Board meeting	5
30-Nov	Light up the night	Attendeed light up the night festivities, including duties as parade announcer	4
Total:			71.5

Council Expense Claim Form

Name: Sarah Hall

For the Month: Dec-19

Date: December

Expenditure Details

Function/Event: <u>EMRB SISB meeting</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>06-Dec</u>	Lodging Expense: \$ <u>-</u>
Duration of Event: <u>5.5</u>	Total Meal Expense: \$ <u>-</u>
Location of Event: <u>South Edmonton</u>	Mileage (\$) Expense: \$ <u>58.58</u>
Mileage Traveled (km): <u>116</u>	Incidental Expense: <u> </u>
Other: <u> </u>	
Per Diem: <u>200</u>	

GL: 01-720-11-272074 Expense: \$ 58.58

Function/Event: <u>EMRB Executive</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>12-Dec</u>	Lodging Expense: <u> </u>
Duration of Event: <u>5.5</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> </u>	Registration Expense: <u> </u>
Date(s) of Event: <u> </u>	Lodging Expense: <u> </u>
Duration of Event: <u> </u>	Total Meal Expense: <u> </u>
Location of Event: <u> </u>	Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): <u> </u>	Incidental Expense: <u> </u>
Other: <u> </u>	
Per Diem: <u> </u>	

GL: Expense: \$ -

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

GL: Expense: \$ -

Meal Allowance maximum \$41.55 daily):	Total Expenses: \$ 96.96
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: 400.00

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 \$50.00	
2-4 Hours \$100.00	
4-8 Hours \$200.00	
8+ Hours \$300.00	
Conference Rate \$200.00	

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #:

Payroll: \$400

A/P: \$96.96

to CFS Dec.13/19

Council Expense Claim Form

Name: Scott Richardson
 For the Month: December Date: December 13/19

Expenditure Details

Function/Event: <u>SDAB Training</u>		Registration Expense: \$	-
Date(s) of Event: <u>Dec 13th 2019</u>		Parking Expense: \$	35.00
Duration of Event: <u>9hr</u>		Total Meal Expense: \$	9.61
Location of Event: <u>Manulife building Edmonton</u>		Mileage (\$) Expense: \$	40.40
Mileage Traveled (km): <u>80</u>		Incidental Expense:	
Other:			
Per Diem: <u>300</u>			

GL: 01-720-11-272075 Expense: \$ 85.01

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 <i>maximum \$41.55 daily</i>):		Total Expenses: \$	85.01
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	Total Per Diem:	300.00
	<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: \$300

A/P: \$85.01

submitted to CFS Dec. 11

Commerce Place
Impark
RECEIPT C1

ENTRY TIME:
12/13/19 08:40
EXIT TIME:
12/13/19 15:36
PARK-DUR.: HRS:MIN
0:06:56

PURCHASE
VISA
AMOUNT \$35.00
*****5887

Date: DEC-13-2019
Time: 15:36:35
662512970010014470C
Auth.#: 090678
VISA CREDIT
A0000000031010
TVR: 0080008000
TSI: F800
01 APPROVED - THANK
YOU 027

VERIFIED BY PIN
*IMPORTANT - retain
this copy for your
records
CUSTOMER COPY
THANK YOU FOR YOUR
VISIT

Tim Hortons

You are why we brew!
10150 Jasper Ave. Edmonton, AB
Always There. Since 1964

Take Out
Order #: 114

1 Sandwich Combo	\$8.49
1 RG Turkey Club	
1 White Rustic Bun	
1 Potato Wedges	
1 LG Original Blend	\$0.16
1 Regular	
1 A La Carte - Lunch	
1 Chipotle Dip	\$0.50
1 Note: scott	

Subtotal:	\$9.15
BST:	\$0.46
Total Tax:	\$0.46
Grand Total:	\$9.61
Visa:	\$9.61
Change Due:	\$0.00
Cashier: SHIFT 3	