Council Expense Claim Form

Name: Barry Turner

For the Month: January   **Date:** 16-Jan-18

Expenditure Details

Function/Event: Budget		
Date(s) of Event: Jan 11 & 12	Registration Expense:	$ -
Duration of Event:	Lodging Expense:	$ -
Location of Event:	Total Meal Expense:	$ -
Mileage Traveled (km):	Mileage ($) Expense:	$ -
Other:	Incidental Expense:	
Per Diem: 400		

GL: **Total Expense:** $ -

Function/Event: Meeting with Mayor Don Iveson		
Date(s) of Event: 8-Jan	Registration Expense:	$ -
Duration of Event: 1.5 hrs	Lodging Expense:	
Location of Event:	Total Meal Expense:	$ -
Mileage Traveled (km):	Mileage ($) Expense:	$ -
Other:	Incidental Expense:	$
Per Diem: 100		

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:	$ -
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:	$ -
Mileage Traveled (km):	Mileage ($) Expense:	$ -
Other:	Incidental Expense:	$ -
Per Diem:		

GL: **Total Expense:** $ -

Mileage per Kilometer: $0.505	**Total Expenses** $ -
Meal Allowance (maximum $60 daily):	**Total Per Diem** 500.00
Morning Meal: $15.00	
Mid Day Meal: $20.00	
Evening Meal: $25.00	*Note: Receipts must be attached / submitted*
Per Diem: 0-2 Hours $50.00	*with this Expense Claim. All expenses must be*
2-4 Hours $100.00	*approved by the Mayor.*
4+ Hours $200.00	

Claimant's Signature: _____

Reviewed: _____

Mayor Approval: _____

Cheque #: _____

Payroll - $500

Council Expense Claim Form

Name: Rebecca Balanko

For the Month: Jan-18   **Date:** 16-Jan-18

Expenditure Details

Function/Event: Edmonton Economic Development IMPACT luncheon

Date(s) of Event:	9-Jan	Registration Expense: $ -
Duration of Event:		Lodging Expense: $ -
Location of Event:		Total Meal Expense: $ -
Mileage Traveled (km):	82	Mileage ($) Expense: $ 41.41
Other:		Incidental Expense:
Per Diem:	200 ✓	

GL:	01-720-11-272070	**Total Expense:** $ 41.41 ✓

Function/Event: Budget Retreat

Date(s) of Event:	January 11 & 12	Registration Expense: $ -
Duration of Event:		Lodging Expense:
Location of Event:		Total Meal Expense: $ -
Mileage Traveled (km):	104	Mileage ($) Expense: $ 52.52
Other:		Incidental Expense: $
Per Diem:	500 ✓	

GL:	01-720-11-272070	**Total Expense:** $ 52.52 ✓

Function/Event: 2018 Telecommunications

Date(s) of Event:		Registration Expense:
Duration of Event:		Lodging Expense:
Location of Event:		Total Meal Expense:
Mileage Traveled (km):		Mileage ($) Expense: $ -
Other:		Incidental Expense: $ 500.00
Per Diem:		

GL:	01-820-11-282068	**Total Expense:** $ 500.00 ✓

Function/Event:

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

GL:		**Total Expense:** $ -

Mileage per Kilometer:	$0.505	**Total Expenses** $ 593.93 ✓
Meal Allowance (maximum $60 daily):		**Total Per Diem** 700.00 ✓
	Morning Meal: $15.00	
	Mid Day Meal: $20.00	
	Evening Meal: $25.00	
Per Diem:	0-2 Hours $50.00	*Note: Receipts must be attached / submitted*
	2-4 Hours $100.00	*with this Expense Claim. All expenses must be*
	4+ Hours $200.00	*approved by the Mayor.*

Claimant's Signature: _Rem Balanko_   **Reviewed:** _je_

Mayor Approval: _[signature]_   **Cheque #:** _____

Payroll: $ 700   A/P: $ 593.93

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: ~~Jan~~ Jan   **Date:** 1-Jan-18

Expenditure Details

Function/Event:	Budget retreat			
Date(s) of Event:	11-Jan	Registration Expense:	$	-
Duration of Event:	9 hrs	Lodging Expense:	$	-
Location of Event:	Westlock	Total Meal Expense:	$	-
Mileage Traveled (km):	106	Mileage ($) Expense:	$	53.53 ✓
Other:		Incidental Expense:	$	-
Per Diem:	300 ✓			
GL:	01-720-11-272071	**Total Expense:**	$	53.53

Function/Event:	Budget retreat			
Date(s) of Event:	12-Jan	Registration Expense:	$	-
Duration of Event:	6 hours	Lodging Expense:		
Location of Event:	Westlock	Total Meal Expense:	$	-
Mileage Traveled (km):		Mileage ($) Expense:	$	-
Other:		Incidental Expense:	$	
Per Diem:	200 ✓			
GL:		**Total Expense:**	$	-

Function/Event:	2018 Telecommunications			
Date(s) of Event:		Registration Expense:		
Duration of Event:		Lodging Expense:		
Location of Event:		Total Meal Expense:		
Mileage Traveled (km):		Mileage ($) Expense:	$	-
Other:		Incidental Expense:	$	500.00 ✓
Per Diem:				
GL:	01-820-11-282069	**Total Expense:**	$	500.00

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

Mileage per Kilometer:	$0.505	**Total Expenses**	$	553.53 ✓
Meal Allowance (maximum $60 daily):		**Total Per Diem**		500.00 ✓
	Morning Meal: $15.00			
	Mid Day Meal: $20.00			
	Evening Meal: $25.00			
Per Diem:	0-2 Hours $50.00	*Note: Receipts must be attached / submitted*		
	2-4 Hours $100.00	*with this Expense Claim. All expenses must be*		
	4+ Hours $200.00	*approved by the Mayor.*		

Claimant's Signature: _(signature)_   **Reviewed:** _(signature)_

Mayor Approval: _(signature)_

Payroll: $500   A/P. $553.53

Council Expense Claim Form

Name: Stephen Dafoe

For the Month: January   **Date:** January 14, 2018

Expenditure Details

Function/Event:	Budget Retreat		
Date(s) of Event:	Jan 11 and 12	Registration Expense: $	-
Duration of Event:	15	Lodging Expense: $	-
Location of Event:	Westlock	Total Meal Expense: $	-
Mileage Traveled (km):	100	Mileage ($) Expense: $	50.50 ✓
Other:		Incidental Expense: $	-
Per Diem:	500 ✓		

GL:	01-720-11-272072	Total Expense: $	50.50

Function/Event:	2018 Telecommunications		
Date(s) of Event:		Registration Expense: $	-
Duration of Event:		Lodging Expense:	
Location of Event:		Total Meal Expense: $	-
Mileage Traveled (km):		Mileage ($) Expense: $	-
Other:		Incidental Expense: $	500.00 ✓
Per Diem:			

GL:	01-820-11-282070	Total Expense: $	500.00

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

GL:		Total Expense: $	-

Mileage per Kilometer:	$0.505	**Total Expenses** $ 550.50 ✓
Meal Allowance (maximum $60 daily):		**Total Per Diem** 500.00 ✓
	Morning Meal: $15.00	
	Mid Day Meal: $20.00	
	Evening Meal: $25.00	*Note: Receipts must be attached / submitted*
Per Diem:	0-2 Hours $50.00	*with this Expense Claim. All expenses must be*
	2-4 Hours $100.00	*approved by the Mayor.*
	4+ Hours $200.00	

Claimant's Signature: _(signature)_

Reviewed: _(initials)_

Mayor Approval: _(signature)_

Payroll: $500   A/P: $550.50

Council Activity Report

Name: Stephen Dafoe   Month:

Date	Function / Event	Comments	Duration
19-Dec	Committee of the Whole	regular cow meeting	3
9-Jan	CAO interviews set up	update on candidate process	1.5
9-Jan	Council	regular council meeting	2
			Total: 6.5

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: Jan-18

Date: 17-Jan-18

Expenditure Details

Function/Event: Budget Retreat			
Date(s) of Event:	Jan 11 - 12	Registration Expense: $	-
Duration of Event:		Lodging Expense: $	-
Location of Event:	Westlock	Total Meal Expense: $	-
Mileage Traveled (km):	106	Mileage ($) Expense: $	53.53
Other:		Incidental Expense: $	-
Per Diem:	500		
GL: 01-720-11-272073		**Total Expense: $**	**53.53**

Function/Event: IMPACT luncheon			
Date(s) of Event:	9-Jan	Registration Expense: $	-
Duration of Event:	5 hours	Lodging Expense:	
Location of Event:		Total Meal Expense: $	-
Mileage Traveled (km):	78	Mileage ($) Expense: $	39.39
Other:		Incidental Expense: $	
Per Diem:	200		
GL: 01-720-11-272073		**Total Expense: $**	**39.39**

Function/Event: 2018 Telecommunications			
Date(s) of Event:		Registration Expense:	
Duration of Event:		Lodging Expense:	
Location of Event:		Total Meal Expense:	
Mileage Traveled (km):		Mileage ($) Expense: $	-
Other:		Incidental Expense: $	500.00
Per Diem:			
GL: 01-820-11-282071		**Total Expense: $**	**500.00**

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

Mileage per Kilometer:	$0.505	**Total Expenses** $	592.92 ~~553.53~~ ✓
Meal Allowance (maximum $60 daily):		**Total Per Diem**	700.00 ✓

Meal Allowance	
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: _____

Mayor Approval: _____

Reviewed: _____

Cheque #: _____

Payroll: $700   A/P # 59292

Council Expense Claim Form

Name: Sarah Hall

For the Month: January   **Date:** Janaury 15, 2018

Expenditure Details

Function/Event:	Budget Retreat 2018			
Date(s) of Event:	Jan 10 & 11, 2018	Registration Expense:	$	-
Duration of Event:	2 days	Lodging Expense:	$	-
Location of Event:	Westlock	Total Meal Expense:	$	-
Mileage Traveled (km):	104	Mileage ($) Expense:	$	52.52 ✓
Other:		Incidental Expense:	$	-
Per Diem:	500 $400 ✓			
GL:	**01-720-11-272074**	**Total Expense: $**		**52.52**

Function/Event:	IMPACT Luncheon			
Date(s) of Event:	January 9th	Registration Expense:	$	-
Duration of Event:	4.5 hrs	Lodging Expense:		
Location of Event:	Edmonton	Total Meal Expense:	$	-
Mileage Traveled (km):		Mileage ($) Expense:	$	-
Other:		Incidental Expense:	$	
Per Diem:	$200 ✓			
GL:		**Total Expense: $**		**-**

Function/Event:	2018 Telecommunications			
Date(s) of Event:		Registration Expense:		
Duration of Event:		Lodging Expense:		
Location of Event:		Total Meal Expense:		
Mileage Traveled (km):		Mileage ($) Expense:	$	-
Other:		Incidental Expense:	$	500.00 ✓
Per Diem:				
GL:	**01-820-11-282072**	**Total Expense: $**		**500.00**

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

Mileage per Kilometer:	$0.505	**Total Expenses $**		**552.52** ✓
Meal Allowance (maximum $60 daily):		**Total Per Diem**	700	~~600.00~~ ✓
Per Diem:	Morning Meal: $15.00			
	Mid Day Meal: $20.00			
	Evening Meal: $25.00	*Note: Receipts must be attached / submitted*		
	0-2 Hours $50.00	*with this Expense Claim. All expenses must be*		
	2-4 Hours $100.00	*approved by the Mayor.*		
	4+ Hours $200.00			

Claimant's Signature: _(signature)_   **Reviewed:** _(initials)_

Mayor Approval: _(signature)_   **Cheque #:** _____

Payroll: $700   A/P: $552.52

Council Expense Claim Form

Name: Scott Richardson

For the Month: Jan-18   **Date:** 15-Jan-18

Expenditure Details

Function/Event:	IMPACT luncheon		
Date(s) of Event:	9-Jan	Registration Expense:	$ -
Duration of Event:	5hr	Lodging Expense:	$ -
Location of Event:	SHAW Center Edmonton	Total Meal Expense:	$ -
Mileage Traveled (km):		Mileage ($) Expense:	$ -
Other:		Incidental Expense:	$ -
Per Diem:	$200 ✓		
GL:		**Total Expense:**	$ -

Function/Event:	Budget Retreat		
Date(s) of Event:	Jan 11 - 12	Registration Expense:	$ -
Duration of Event:	9hr day 1 - 7hr day 2	Lodging Expense:	
Location of Event:	Westlock	Total Meal Expense:	$ -
Mileage Traveled (km):	100	Mileage ($) Expense:	$ 50.50 ✓
Other:		Incidental Expense:	$
Per Diem:	$500 ✓		
GL:	01-720-11-272075	**Total Expense:**	$ 50.50

Function/Event:	2018 Telecommunications		
Date(s) of Event:		Registration Expense:	
Duration of Event:		Lodging Expense:	
Location of Event:		Total Meal Expense:	
Mileage Traveled (km):		Mileage ($) Expense:	$ -
Other:		Incidental Expense:	$ 500.00 ✓
Per Diem:			
GL:	01-820-11-282073	**Total Expense:**	$ 500.00

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

Mileage per Kilometer: $0.505	**Total Expenses** $ 550.50 ✓
Meal Allowance (maximum $60 daily):	**Total Per Diem** 700.00 ✓

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

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

Claimant's Signature: _[signature]_

Mayor Approval: _[signature]_

Reviewed: _[signature]_

Cheque #: _____

Payroll: $700   A/P: $550.50