

Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: Feb. 16-March 15

DATE: March 1, 2018

Expenditure Details

Function/Event: <u>Alberta Business Chamber Awards / Garrison luncheon mileage</u>		Registration Expense: \$	-
Date(s) of Event: <u>2-Mar</u>		Lodging Expense: \$	-
Duration of Event: <u>4 hours</u>		Total Meal Expense: \$	-
Location of Event: _____		Mileage (\$) Expense: \$	73.43
Mileage Traveled (km): <u>145.4</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>200 ✓</u>			

GL: 01-720-11-272069 Expense: \$ 73.43 ✓

Function/Event: <u>Municipal Leaders' Caucus</u>		Registration Expense: \$	-
Date(s) of Event: <u>March 14-15</u>		Lodging Expense: _____	
Duration of Event: _____		Total Meal Expense: \$	-
Location of Event: <u>Shaw Conference Centre</u>		Mileage (\$) Expense: \$	57.57
Mileage Traveled (km): <u>114</u>		Incidental Expense: \$	
Other: _____			
Per Diem: <u>500 ✓</u>			

GL: 01-720-11-272069 Expense: \$ 57.57 ✓

Function/Event: <u>Cell phone March</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: \$	74.19
Other: _____			
Per Diem: _____			

GL: _____ Expense: \$ 74.19 ✓

Function/Event: <u>Community Services Advisory Committee</u>		Registration Expense: _____	
Date(s) of Event: <u>Feb. 21</u>		Lodging Expense: _____	
Duration of Event: <u>1.5 hr</u>		Total Meal Expense: \$	-
Location of Event: <u>MCCC</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>50 ✓</u>			

GL: _____ Expense: \$ -

Meal Allowance (maximum \$41.55 daily):	Total Expenses: \$ 205.19
<i>Breakfast</i> \$9.20 <i>Lunch</i> \$11.60 <i>Dinner</i> \$20.75	Total Per Diem: 750.00

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: 

Deputy Mayor Approval: _____

Cheque #: _____

Payroll: 750

A/P: 205.19

February 16, 2018
 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 Dec 26, 2018.

Monthly and other charges (Feb 17 to Mar 16)

SharePlus 55 - Nationwide Talk	\$65.00	
Call Display		
Call Waiting		
Conference Calling		
Voice Mail 3		
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AR 911 Government Fee	\$0.44	
Total monthly and other charges		\$55.44

Add-ons (Feb 17 to Mar 16)

L&R 10GB Shareable Data	\$75.00	
Total add-ons		\$75.00 x 25% = 18.75

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.

74.19

Text Msg - Sent	\$0.00	
Total used 206 (Msg)		
Data Usage - Mobile High Speed	\$0.00	
Total used 133.011 (MB)		
Picture Messaging - Picture Receive	\$0.00	
Total used 11 (Pic)		
Text Msg - Received	\$0.00	
Total used 371 (Msg)		
Data Usage	\$0.00	
Total used 1,310.480 (MB)		
Picture Messaging - Pictures	\$0.00	
Total used 13 (Pic)		
Picture Messaging - Video Receive	\$0.00	
Total used 3 (video)		
Local Airtime - Phone (minutes)	\$0.00	
Included 277:00 (MIN)		
Free 28:00 (MIN)		
Total used 305:00 (MIN)		
Total usage charges		\$0.00

Total before taxes		\$130.44
GST	\$6.52	
Total for	, with taxes	\$136.96

Council Expense Claim Form

Name: Rebecca Balanko

For the Month: Mar-18

Date: March 15, 2018

Expenditure Details

Function/Event: <u>SREMP</u>		Registration Expense: \$	-
Date(s) of Event:	<u>26-Feb</u>	Lodging Expense: \$	-
Duration of Event:		Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	23.23
Mileage Traveled (km):	<u>46</u>	Incidental Expense:	
Other:			
Per Diem:	<u>100</u> ✓		

GL: 01-720-11-272070 Expense: \$ 23.23 ✓

Function/Event: <u>Edmonton Global Strategic Planning Part 1</u>		Registration Expense: \$	-
Date(s) of Event:	<u>28-Feb-18</u>	Lodging Expense:	
Duration of Event:		Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense: \$	
Other:			
Per Diem:	<u>300</u> ✓		

GL: _____ Expense: \$ -

Function/Event: <u>Assessment Review Board</u>		Registration Expense:	
Date(s) of Event:	<u>March 13-16 (4 days)</u>	Lodging Expense:	
Duration of Event:	<u>Daily from 7-5:30</u>	Total Meal Expense:	
Location of Event:		Mileage (\$) Expense: \$	282.80 ✓
Mileage Traveled (km):	<u>560</u>	Incidental Expense:	
Other:			
Per Diem:	<u>1200</u> ✓		

GL: _____ Expense: \$ 282.80

Function/Event: <u>E-learning for ARB (required)</u>		Registration Expense:	
Date(s) of Event:	<u>1-Mar</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>100</u> ✓		

GL: _____ Expense: \$ -

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:		\$ 306.03 ✓
Total Per Diem:		1700.00 ✓

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: 1750

A/P: 306.03

Council Expense Claim Form

NAME: Rebecca Balanko

FOR THE MONTH: March 1, 2018 DATE: _____

Expenditure Details

Function/Event: <u>Municipal Planning Commission</u>		Registration Expense: \$ _____	-
Date(s) of Event: <u>Feb. 14</u>		Lodging Expense: \$ _____	-
Duration of Event: _____		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: _____		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: \$ _____	-
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75		
Mileage: per Kilometre \$0.505			Total Per Diem: 50.00	

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: 

Payroll: _____

Cheque #: _____

A/P: _____

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: Feb- March

Date: March 15, 2018

Expenditure Details

Function/Event: <u>Community Services Advisory Committee Meeting</u>		Registration Expense: \$	-
Date(s) of Event: <u>21-Feb</u>		Lodging Expense: \$	-
Duration of Event: <u>1.5hr</u>		Total Meal Expense: \$	-
Location of Event: <u>MCCC</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>\$50</u> ✓			

GL: _____ Expense: \$ -

Function/Event: <u>Edmonton Global Strategic Planning Retreat Part 1</u>		Registration Expense: \$	-
Date(s) of Event: <u>28-Feb</u>		Lodging Expense: _____	
Duration of Event: <u>9 hrs</u>		Total Meal Expense: \$	-
Location of Event: <u>Chateau</u>		Mileage (\$) Expense: \$	40.40
Mileage Traveled (km): <u>80</u>		Incidental Expense: _____	
Other: _____			
Per Diem: <u>\$300</u> ✓			

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

Function/Event: <u>Municipal Leaders' Caucus</u>		Registration Expense: _____	
Date(s) of Event: <u>14-Mar</u>		Lodging Expense: _____	
Duration of Event: <u>10 hr</u>		Total Meal Expense: _____	
Location of Event: <u>Shaw Conference Centre</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense: _____	
Other: _____			
Per Diem: <u>\$300</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: \$ -

Meal Allowance maximum \$41.55 daily):			Total Expenses: \$ <u>40.40</u> ✓ Total Per Diem: <u>650.00</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	

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: 650

A/P: 40.40

Council Expense Claim Form

Name: Stephen Dafoe

For the Month: March

Date: March 15, 2018

Expenditure Details

Function/Event: <u>Northern Lights Library System Board</u>		Registration Expense: \$	-
Date(s) of Event:	<u>10-Mar</u>	Lodging Expense: \$	-
Duration of Event:	<u>9</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: <u>AUMA Leaders' Caucus</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Mar 14-5</u>	Lodging Expense:	
Duration of Event:	<u>17.25</u>	Total Meal Expense: \$	-
Location of Event:		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense: \$	
Other:			
Per Diem:	<u>500</u> ✓		

GL: _____ Expense: \$ _____

Function/Event: <u>Rosieridge</u>		Registration Expense:	
Date(s) of Event:	<u>8-Mar</u>	Lodging Expense:	
Duration of Event:		Total Meal Expense:	
Location of Event:		Mileage (\$) Expense: \$	<u>19.70</u> ✓
Mileage Traveled (km):	<u>39</u>	Incidental Expense:	
Other:			
Per Diem:			


GL: 01-720-11-272072 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: \$ _____

Meal Allowance maximum \$41.55 daily):			Total Expenses: \$ <u>19.70</u> ✓ Total Per Diem: <u>800.00</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	

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: 800

A/P: 19.70

Council Expense Claim Form

Name: Sarah Hall

For the Month: February

Date: March 6, 2018

Expenditure Details

Function/Event: <u>CAO Interviews</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Jan. 16</u>	Lodging Expense: \$	-
Duration of Event:	<u>8 hours</u>	Total Meal Expense: \$	-
Location of Event:	<u>Morinville</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:	<u>200 ✓</u>		

GL: _____ Expense: \$ _____

Function/Event: <u>EMRB Training</u>		Registration Expense: \$	-
Date(s) of Event:	<u>Jan. 19</u>	Lodging Expense:	
Duration of Event:	<u>6.5 hours</u>	Total Meal Expense: \$	-
Location of Event:	<u>Sherwood Park</u>	Mileage (\$) Expense: \$	50.50
Mileage Traveled (km):	<u>100</u>	Incidental Expense: \$	
Other:			
Per Diem:	<u>200 ✓</u>		

GL: _____ Expense: \$ _____ **50.50 ✓**

Function/Event: <u>CAO Interviews #2</u>		Registration Expense:	
Date(s) of Event:	<u>Jan. 23</u>	Lodging Expense:	
Duration of Event:	<u>3 hours</u>	Total Meal Expense:	
Location of Event:	<u>Morinville</u>	Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem:	<u>100 ✓</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: \$ _____

Meal Allowance maximum \$41.55 daily):		
<i>Breakfast</i> \$9.20	<i>Lunch</i> \$11.60	<i>Dinner</i> \$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: \$ 50.50
Total Per Diem: 500.00

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

Claimant's Signature: 

Reviewed:  rec'd March 6/18

Mayor Approval: 

Cheque #: _____

Payroll: 500

A/P: 50.50

Council Expense Claim Form

Name: Sarah Hall

For the Month: March

Date: March 18, 2018

Expenditure Details

Function/Event: <u>AUMA Leaders Caucus</u>		Registration Expense: \$	-
Date(s) of Event:	<u>14-Mar</u>	Lodging Expense: \$	-
Duration of Event:	<u>10 Hours</u>	Total Meal Expense: \$	-
Location of Event:	<u>Edmonton, Ab.</u>	Mileage (\$) Expense: \$	38.38 ✓
Mileage Traveled (km):	<u>76</u>	Incidental Expense:	
Other:			
Per Diem:	<u>\$300</u> ✓		

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

Function/Event: <u>AUMA Leaders Caucus</u>		Registration Expense: \$	-
Date(s) of Event:	<u>15-Mar</u>	Lodging Expense:	
Duration of Event:	<u>7.25</u>	Total Meal Expense: \$	-
Location of Event:	<u>Edmonton, Ab.</u>	Mileage (\$) Expense: \$	38.38 ✓
Mileage Traveled (km):	<u>76</u>	Incidental Expense: \$	
Other:			
Per Diem:	<u>\$200</u> ✓		

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

Function/Event: <u>Community Services Advisory Board</u>		Registration Expense:	
Date(s) of Event:	<u>21-Feb</u>	Lodging Expense:	
Duration of Event:	<u>2.5 hours</u>	Total Meal Expense:	
Location of Event:	<u>MCCC</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: \$ -

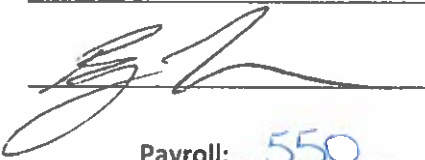
Meal Allowance <i>maximum \$41.55 daily</i> :			Total Expenses: \$	76.76 ✓
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	<i>Dinner \$20.75</i>	Total Per Diem:	550.00 ✓

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: 

Payroll: 550

Cheque #: _____

A/P: 76.76

Council Activity Report

Name: Sarah Hall

Month:

Date	Function / Event	Comments	Duration
19-Feb	Council Prep - COW	review of agenda package and notes	3
20-Feb	Committee of the Whole	Attended meeting	2
20-Feb	Community Services Advisory	Attended meeting	2.5
23-Feb	FCSS	Attended meeting with Christine Kowalshyn to discuss and plan IWD event	2
23-Feb	Budget Review	Review & Notes	2
25-Feb	Budget Review	Review agenda, prep & notes	3.5
27-Feb	Bylaw/Policy & Regular Meeting of Council	attended meetings (3rd reading of budget)	8
1-Mar	French Heritage	Attended public flag raising & dinner	3
2-Mar	Garrison Luncheon	Attended luncheon hossted by 1-CER	2.5
8-Mar	IWD Set up & Event	Helped set up IWD Event at MCCC and helped during attendance in the evening	8
10-Mar	Fish & Game Brag night	attended Morinville Fish & Game Brag event	5
11-Mar	Council Prep	Review, prep and notes for GFA & Regular Council meeting	3
13-Mar	GF&A and Regular Council	Attended Governance, Finance and Audit Meeting as well as regular meeting of council	5
14-Mar	Leadership Caucus	Attended AUMA Spring Leadershp Caucus with other council members	10
15-Mar	Leadership Caucus	Attended AUMA Spring Leadershp Caucus with other council members	7.25
Total:			66.75

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: February 15 to March 15, 2018

Date: March 15, 2018

Expenditure Details

Function/Event: Commission Legal Obligations Training	Registration Expense: \$ -
Date(s) of Event: 5-Mar	Lodging Expense: \$ -
Duration of Event: 3.5	Total Meal Expense: \$ -
Location of Event: Clyde Hall	Mileage (\$) Expense: \$ 45.20
Mileage Traveled (km): 89.5	Incidental Expense: _____
Other: _____	
Per Diem: 100 ✓	

GL: 01-720-11-272073 **Expense:** \$ 45.20 ✓

Function/Event: Edmonton Salutes	Registration Expense: \$ -
Date(s) of Event: 16-Feb	Lodging Expense: _____
Duration of Event: 3 Hours	Total Meal Expense: \$ -
Location of Event: Edmonton	Mileage (\$) Expense: \$ 39.39
Mileage Traveled (km): 78	Incidental Expense: \$ _____
Other: _____	
Per Diem: 100 ✓	

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

Function/Event: AEMA Training	Registration Expense: _____
Date(s) of Event: 5-Mar	Lodging Expense: _____
Duration of Event: 3.75 Hours	Total Meal Expense: _____
Location of Event: West River's Edge Pavilion Fort Sask	Mileage (\$) Expense: \$ 43.18
Mileage Traveled (km): 85.5	Incidental Expense: _____
Other: _____	
Per Diem: 100 ✓	

GL: 01-720-11-272073 **Expense:** \$ 43.18 ✓

Function/Event: Municipal Leaders Caucus	Registration Expense: _____
Date(s) of Event: March 14-15	Lodging Expense: _____
Duration of Event: 17.25 hours	Total Meal Expense: \$ -
Location of Event: Edmonton Shaw Conference	Mileage (\$) Expense: \$ -
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: 500 ✓	

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

Meal Allowance maximum \$41.55 daily):	Total Expenses: \$ <u>127.77</u> ✓
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$20.75</i>	Total Per Diem: <u>800.00</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: 800

A/P: 127.77

Council Expense Claim Form

Name: Scott Richardson

For the Month: March

Date: march 15 2018

Expenditure Details

Function/Event: <u>Assessment Review Board Training</u>		Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>April 13-16</u>		Lodging Expense: \$ <u>-</u>
Duration of Event: <u>daily 7:00 am - 5:30pm</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Summerside Edmonton</u>		Mileage (\$) Expense: <u>-</u>
Mileage Traveled (km): <u>n/a</u>		Incidental Expense: <u>-</u>
Other: <u>Rebecca Drove</u>		
Per Diem: <u>1200 ✓</u>		

GL: _____ Expense: \$ -

Function/Event: <u>E- Learning for ARB</u>		Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>March 9th</u>		Lodging Expense: <u>-</u>
Duration of Event: <u>3hr</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: _____		Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____		Incidental Expense: \$ <u>-</u>
Other: _____		
Per Diem: <u>100 ✓</u>		

GL: _____ Expense: \$ -

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

GL: _____ Expense: \$ -

Meal Allowance <i>maximum \$41.55 daily</i> :			Total Expenses: \$ <u>-</u> Total Per Diem: <u>1300.00</u> ✓
<i>Breakfast</i> \$9.20	<i>Lunch</i> \$11.60	<i>Dinner</i> \$20.75	
Mileage:	per Kilometre	\$0.505	
Per Diem:	0-2 Hours	\$50.00	<i>Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</i>
	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: 1300

A/P: 