

## Council Expense Claim Form

Name: Rebecca Balanko

For the Month: Jan-19

Date: January 15, 2019

### Expenditure Details

Function/Event: <u>Library Board</u>		Registration Expense: \$	-
Date(s) of Event: <u>1/9/2019</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: \$	-
-----------	-------------	---

Function/Event: <u>2019 Telecommunication</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: \$	500.00
Other: _____			
Per Diem: _____			

GL: <u>01-820-11-282068</u>	Expense: \$	500.00
-----------------------------	-------------	--------

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: \$20.00 (daily)	Expense: \$	-
Breakfast \$9.20      Lunch \$11.00      Dinner \$20.75	<b>Total Expenses: \$</b>	<b>500.00</b>
Mileage: <u>100 Kilometers</u> \$0.50/km	<b>Total Per Diem: _____</b>	<b>40.00</b>
Per Diem: <u>0-2 Hours</u> \$50.00		
<u>2-4 Hours</u> \$100.00		
<u>4-8 Hours</u> \$200.00		
<u>8+ Hours</u> \$300.00		
Overnight Rate      \$200.00		

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

Claimant's Signature: *Rebecca Balanko*

Reviewed: *[Signature]*

Mayor Approval: *[Signature]*

Cheque #: \_\_\_\_\_

Payroll: 40

A/P: 500

## Council Expense Claim Form

Name: Nicole Boutestein

For the Month: Jan

Date: January 16, 2019

### Expenditure Details

<b>Function/Event:</b> Community Services Advisory Committee		Registration Expense: \$	-
<b>Date(s) of Event:</b>	<u>Jan. 16</u>	Lodging Expense: \$	-
<b>Duration of Event:</b>	<u>1.5 hours</u>	Total Meal Expense: \$	-
<b>Location of Event:</b>		Mileage (\$) Expense: \$	-
<b>Mileage Traveled (km):</b>		Incidental Expense:	
<b>Other:</b>			
<b>Per Diem:</b>	<u>50</u>		

<b>GL:</b>	<b>Expense: \$</b> <span style="float: right;">-</span>
------------	---

<b>Function/Event:</b> ICF task force		Registration Expense: \$	-
<b>Date(s) of Event:</b>	<u>15-Jan</u>	Lodging Expense:	-
<b>Duration of Event:</b>	<u>1.5 hours</u>	Total Meal Expense: \$	-
<b>Location of Event:</b>	<u>council meeting room</u>	Mileage (\$) Expense: \$	-
<b>Mileage Traveled (km):</b>		Incidental Expense: \$	-
<b>Other:</b>			
<b>Per Diem:</b>	<u>50</u>		

<b>GL:</b>	<b>Expense: \$</b> <span style="float: right;">-</span>
------------	---

<b>Function/Event:</b> 2019 Telecommunications		Registration Expense:	-
<b>Date(s) of Event:</b>		Lodging Expense:	-
<b>Duration of Event:</b>		Total Meal Expense:	-
<b>Location of Event:</b>		Mileage (\$) Expense: \$	-
<b>Mileage Traveled (km):</b>		Incidental Expense: \$	500.00
<b>Other:</b>			
<b>Per Diem:</b>			

<b>GL:</b> <u>01-820-11-282069</u>	<b>Expense: \$</b> <span style="float: right;">500.00</span>
------------------------------------	--


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

<b>GL:</b>	<b>Expense: \$</b> <span style="float: right;">-</span>
------------	---

<i>Meal Allowance maximum \$41.55 daily:</i>			<b>Total Expenses: \$</b>	<b>500.00</b>
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	<i>Dinner \$20.75</i>	<b>Total Per Diem:</b>	<b>100.00</b>
<b>Mileage:</b>	per kilometre	\$0.505		
<b>Per Diem:</b>	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: 100

A/P: 500

# Council Expense Claim Form

Name: Stephen Dafoe

For the Month: Jan-19 Date: January 15, 2019

## Expenditure Details

Function/Event: <u>Rosertidge</u>		Registration Expense: \$	-
Date(s) of Event: <u>10-Jan</u>		Lodging Expense: \$	-
Duration of Event: <u>3.5</u>		Total Meal Expense: \$	-
Location of Event: <u>Bon Accord</u>		Mileage (\$) Expense: \$	19.70
Mileage Traveled (km): <u>39</u>		Incidental Expense:	
Other: _____			
Per Diem: _____			

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

Function/Event: <u>2019 Telecommunications</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: \$	
Other: _____			
Per Diem: _____			

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

Function/Event: <u>ICF Task Force meeting</u>		Registration Expense:	
Date(s) of Event: <u>Jan. 15</u>		Lodging Expense:	
Duration of Event: <u>1.5 hours</u>		Total Meal Expense:	
Location of Event: _____		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense:	
Other: _____			
Per Diem: <u>50</u>			

GL: \_\_\_\_\_ Expense: \$ -

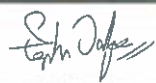
Function/Event: _____		Registration Expense:	
Date(s) of Event: _____		Lodging Expense:	
Duration of Event: _____		Total Meal Expense: \$	-
Location of Event: _____		Mileage (\$) Expense: \$	-
Mileage Traveled (km): _____		Incidental Expense:	
Other: _____			
Per Diem: _____			

GL: \_\_\_\_\_ Expense: \$ -

<b>Meal Allowance maximum \$41.55 daily):</b>	<b>Total Expenses: \$</b> <u>519.70</u>
<i>Breakfast \$9.20      Lunch \$11.60      Dinner \$20.75</i>	<b>Total Per Diem:</b> <u>50.00</u>

Mileage: <u>per kilometre</u>	\$0.505
Per Diem: <u>0-2 Hours</u>	\$50.00
<u>2-4 Hours</u>	\$100.00
<u>4-8 Hours</u>	\$200.00
<u>8+ Hours</u>	\$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: 50

A/P: 519.70

# Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
18-Dec	COW	committee of the whole	3
31-Dec	social media complaints	snow etc	2
jan 5-6	social media complaints	snow / taxes	2.5
jan 5-6	meeting prep		2
8-Jan	meeting prep		1
8-Jan	one on one	cao and mayor meeting	1
8-Jan	EMRB briefing	briefing for emrb exec meeting	0.5
8-Jan	council		3
9-Jan	business complaint	complaint from local business owner	1
10-Jan	Roseridge	rosieridge meeting	3.5
11-Jan	Roseridge call	call roseridge client over concern	0.5
11-Jan	business concern	another concern from a business	0.5
11-Jan	business licence question	assistance on inforation	0.25
12-Jan	agenda package	meeting prep	3
13-Jan	agenda package	meeting prep	2
15-Jan	ICF	meeting of ICF sub committee	1.5
15-Jan	COW	Committee of the Whole [ESTIMATED]	4
<b>Total:</b>			<b>31.25</b>

## Council Expense Claim Form

Name: Lawrence Giffin

For the Month: Dec 15 to Jan 15

Date: January 15, 2019

### Expenditure Details

Function/Event: <u>Rosieridge Meeting</u>		Registration Expense: \$	-
Date(s) of Event: <u>13-Dec</u>		Lodging Expense: \$	-
Duration of Event: <u>1</u>		Total Meal Expense: \$	-
Location of Event: <u>Bon Accord</u>		Mileage (\$) Expense: \$	19.70
Mileage Traveled (km): <u>39</u>		Incidental Expense:	
Other:			
Per Diem: <u>100</u>			

<b>GL:</b> <u>01-720-11-272073</u>	<b>Expense:</b> \$ <u>19.70</u>
------------------------------------	---------------------------------

Function/Event: <u>Edmonton Economic Impact Luncheon</u>		Registration Expense: \$	-
Date(s) of Event: <u>8-Jan</u>		Lodging Expense: \$	-
Duration of Event: <u>2</u>		Total Meal Expense: \$	-
Location of Event: <u>Edmonton Conference Centre</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem: <u>50</u>			

<b>GL:</b>	<b>Expense:</b> \$ <u>-</u>
------------	-----------------------------

Function/Event: <u>Chamber of Commerce Meeting</u>		Registration Expense: \$	-
Date(s) of Event: <u>9-Jan</u>		Lodging Expense: \$	-
Duration of Event: <u>1</u>		Total Meal Expense: \$	-
Location of Event: <u>Morinville</u>		Mileage (\$) Expense: \$	-
Mileage Traveled (km):		Incidental Expense:	
Other:			
Per Diem: <u>50</u>			

<b>GL:</b>	<b>Expense:</b> \$ <u>-</u>
------------	-----------------------------


Function/Event: <u>2019 Telecommunications</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: \$	500.00
Other:			
Per Diem:			

<b>GL:</b> <u>01-820-11-282071</u>	<b>Expense:</b> \$ <u>500.00</u>
------------------------------------	----------------------------------

<b>Meal Allowance maximum \$21.55 daily</b>	<b>Total Expenses: \$</b> <u>519.70</u>
<i>Breakfast \$9.20 Lunch \$11.60 Dinner \$0.75</i>	<b>Total Per Diem:</b> <u>200.00</u>
<b>Mileage:</b> per kilometre <u>\$0.505</u>	
<b>Per Diem:</b> 0-2 Hours <u>\$50.00</u>	
2-4 Hours <u>\$100.00</u>	
4-8 Hours <u>\$200.00</u>	
8+ Hours <u>\$300.00</u>	
<b>Conference Rate:</b> <u>\$200.00</u>	

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

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: \_\_\_\_\_

Payroll: 200

A/P: 519.70

## Council Expense Claim Form

Name: Sarah Hall

For the Month: January

Date: January 19, 2019

### Expenditure Details

Function/Event: <u>EEDC Impact Luncheon</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>8-Jan</u>	Lodging Expense: \$ <u>-</u>
Duration of Event: <u>4.5 hrs</u>	Total Meal Expense: \$ <u>-</u>
Location of Event: <u>Edmonton</u>	Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Incidental Expense: _____
Other: _____	
Per Diem: <u>\$100</u>	

GL: \_\_\_\_\_ Expense: \$ -

Function/Event: <u>Community Services Advisory Committee</u>	Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>16-Jan</u>	Lodging Expense: _____
Duration of Event: <u>1.5 hrs</u>	Total Meal Expense: \$ <u>-</u>
Location of Event: _____	Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Incidental Expense: \$ _____
Other: _____	
Per Diem: <u>\$50</u>	

GL: \_\_\_\_\_ Expense: \$ -

Function/Event: <u>2019 Telecommunications</u>	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: \$ <u>500.00</u>
Other: _____	
Per Diem: _____	

GL: 01-820-11-282072 Expense: \$ 500.00

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 maximum \$41.55 daily:	<b>Total Expenses: \$ 500.00</b>
Breakfast \$9.20      Lunch \$11.60      Dinner \$20.75	<b>Total Per Diem: 150.00</b>
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: 150

A/P: 500



