

Council Expense Claim Form

Name: Rebecca Balanko

For the Month: October / November 2017

Date: 13-Nov-17

Expenditure Details

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: \$ _____ 977.75
Other: <u>Computer for Council</u>	
Per Diem: _____	

GL: 01-810-12-281040 Total Expense: \$ **977.75**

Function/Event: <u>Municipal Planning Commission</u>	Registration Expense: \$ _____ -
Date(s) of Event: <u>November 1st</u>	Lodging Expense: _____ -
Duration of Event: <u>1.5 hours</u>	Total Meal Expense: \$ _____ -
Location of Event: <u>Town of Morinville</u>	Mileage (\$) Expense: \$ _____ -
Mileage Traveled (km): _____	Incidental Expense: \$ _____ -
Other: _____	
Per Diem: <u>50</u>	

GL: _____ Total 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: _____ Total 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: _____ Total Expense: \$ _____

Mileage per Kilometer: \$0.505 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	Total Expenses \$ 977.75 Total Per Diem 50.00
<i>Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</i>	

Claimant's Signature: *Rebecca Balanko*

Reviewed: *JR*

Mayor Approval: *[Signature]*

Cheque #: _____

Payroll: \$ 50 A/P: \$ 977.75

≡ Shop

Search Costco



My Account

[Back to My Orders](#)

My Orders



Order Details

Order Number

672833381

Order Date

11/13/2017

Membership Number

Ship To

Rebecca Balanko



Morinville, AB

Payment Method



Master Card ending in
Expires

Orders can be cancelled within 60 minutes of placement.

[Cancel Order](#)

Reorder Selected Items

All



Dell Inspiron 15 5000 2-in-1 English Notebook, i5-8250U

Item #2660204

\$929.99

Quantity	Total
1	\$929.99
Ground : Free	
Order Received	

Fees

Quantity	Total
1	\$1.20
Ground : Free	
Order Received	

Order Summary

Subtotal (2 Items) \$931.19

Shipping	\$0.00
GST	\$46.56
HST	\$0.00
PST	\$0.00
QST	\$0.00
<hr/>	
Order Total	\$977.75

[Reorder Selected Items](#)

[Back to top](#)

Council Expense Claim Form

Name: Nicole Boutestein

For the Month: November

Date: Oct -Nov 2017

Expenditure Details

Function/Event: <u>CRB EMRB</u>	
Date(s) of Event: <u>9-Nov</u>	Registration Expense: \$ <u>-</u>
Duration of Event: <u>4 hours</u>	Lodging Expense: \$ <u>-</u>
Location of Event: <u>Chateau Louis</u>	Total Meal Expense: \$ <u>-</u>
Mileage Traveled (km): <u>80</u>	Mileage (\$) Expense: \$ <u>40.40</u>
Other: _____	Incidental Expense: \$ <u>-</u>
Per Diem: <u>200</u>	

01-720-11-2720071	Total Expense: \$ 40.40
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Function/Event: <u>Edmonton Global</u>	
Date(s) of Event: <u>9-Nov</u>	Registration Expense: \$ <u>-</u>
Duration of Event: <u>3 hours</u>	Lodging Expense: _____
Location of Event: <u>Edmonton- Chatuea Louis</u>	Total Meal Expense: \$ <u>-</u>
Mileage Traveled (km): _____	Mileage (\$) Expense: \$ <u>-</u>
Other: _____	Incidental Expense: \$ _____
Per Diem: <u>daily max</u>	

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

GL: _____	Total Expense: \$ <u>-</u>
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Mileage per Kilometer: <u>\$0.505</u> 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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #4F7942; color: white; text-align: right;">Total Expenses</td> <td style="background-color: #4F7942; color: white; text-align: right;">\$ 40.40</td> </tr> <tr> <td style="background-color: #4F7942; color: white; text-align: right;">Total Per Diem</td> <td style="background-color: #4F7942; color: white; text-align: right;">200.00</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; background-color: #4F7942; color: white;"> Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor. </div>	Total Expenses	\$ 40.40	Total Per Diem	200.00
Total Expenses	\$ 40.40				
Total Per Diem	200.00				

Claimant's Signature: 

Reviewed: 

Mayor Approval: 

Cheque #: _____
 Payroll: \$200 A/P: \$40.40

COUNCIL EXPENSE CLAIM FORM

NAME: Stephen Dafoe
 FOR THE MONTH: 17-Nov DATE: 15-Nov-17

EXPENDITURE DETAILS

Function/Event: <u>Roseridge meeting</u>		Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>20-Oct</u>		Lodging Expense: \$ <u> -</u>
Duration of Event: <u>4.5</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Genessee Power</u>		Mileage (\$) Expense: \$ <u> 96.76</u>
Mileage Traveled (km): <u>191.6</u>		Incidental Expense: \$ <u> -</u>
Other: <u> </u>		
Per Diem: <u>100</u>		

GL: 01-720-11-272072 Total Expense: \$ 96.76

Function/Event: <u>Meeting with Minister Anderson</u>		Registration Expense: \$ <u> -</u>
Date(s) of Event: <u>1-Nov</u>		Lodging Expense: <u> </u>
Duration of Event: <u>3.5</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Westlock</u>		Mileage (\$) Expense: \$ <u> -</u>
Mileage Traveled (km): <u> </u>		Incidental Expense: \$ <u> -</u>
Other: <u> </u>		
Per Diem: <u>100</u>		

GL: Total Expense: \$ -

Function/Event: <u>Edmonton Metro Regional Board</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>9-Nov</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> 39.39</u>
Mileage Traveled (km): <u>78</u>		Incidental Expense: <u> </u>
Other: <u> </u>		
Per Diem: <u>200</u>		

GL: 01-720-11-272072 Total Expense: \$ 39.39

Function/Event: <u>Roseridge Landfill Commission</u>		Registration Expense: <u> </u>
Date(s) of Event: <u>9-Nov</u>		Lodging Expense: <u> </u>
Duration of Event: <u>3 hours</u>		Total Meal Expense: \$ <u> -</u>
Location of Event: <u>Bon Accord</u>		Mileage (\$) Expense: \$ <u> 19.70</u>
Mileage Traveled (km): <u>39</u>		Incidental Expense: \$ <u> -</u>
Other: <u> </u>		
Per Diem: <u> </u>		

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

MILEAGE PER KILOMETER: \$0.505 MEAL ALLOWANCE (MAXIMUM): Morning Meal: \$15.00 Mid Day Meal: \$20.00 Evening Meal: \$25.00 PER DIEM: UP TO 4 HOURS: \$100.00 OVER 4 HOURS: \$200.00	TOTAL EXPENSES \$ 155.84 TOTAL PER DIEM 400.00
<i>Note: Receipts must be attached/submitted with this Expense Claim. All expenses must be approved by the Mayor.</i>	

Claimant's Signature:  Reviewed: 
 Mayor Approval:  Cheque #:

Payroll: \$ 400 A/P: \$ 155.84

Council Expense Claim Form

Name: Lawrence Giffin

For the Month: November

Date: 15-Nov-17

Expenditure Details

Function/Event: <u>Chamber of Commerce Meeting/Lawson</u> Date(s) of Event: <u>1-Nov</u> Duration of Event: <u>2 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: _____ Total Expense: \$ _____ -

Function/Event: <u>Rosridge Waste Management Meeting (alternate)</u> Date(s) of Event: <u>9-Nov</u> Duration of Event: <u>3 Hours</u> Location of Event: <u>Bon Accord</u> Mileage Traveled (km): _____ Other: _____ Per Diem: <u>100</u>	Registration Expense: \$ _____ Lodging Expense: _____ Total Meal Expense: \$ _____ Mileage (\$) Expense: \$ _____ Incidental Expense: \$ _____
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GL: _____ Total 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: _____ Total 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: _____ Total Expense: \$ _____ -

Mileage per Kilometer: <u>\$0.505</u> 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	Total Expenses \$ _____ Total Per Diem 150.00
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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