

# Council Expense Claim Form

NAME: Barry Turner

FOR THE MONTH: April 16 - May 15

DATE: May 15, 2018

## Expenditure Details

Function/Event: <u>Regional Mayors Dinner</u> Date(s) of Event: <u>23-Apr</u> Duration of Event: _____ Location of Event: _____ Mileage Traveled (km): <u>52.2</u> Other: _____ Per Diem: _____	Registration Expense: \$ _____ Lodging Expense: \$ _____ Total Meal Expense: \$ _____ Mileage (\$) Expense: \$ <u>26.36</u> Incidental Expense: _____
---	---

GL: 01-720-11-272069 Expense: \$ 26.36

Function/Event: <u>Announcement with Minister Sigurdson</u> Date(s) of Event: <u>25-Apr</u> Duration of Event: _____ Location of Event: <u>U o A</u> Mileage Traveled (km): _____ Other: _____ Per Diem: <u>50</u>	Registration Expense: \$ _____ Lodging Expense: _____ Total Meal Expense: \$ _____ Mileage (\$) Expense: \$ _____ Incidental Expense: \$ _____
--	--

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

Function/Event: <u>McHappy Day</u> Date(s) of Event: <u>2-May</u> Duration of Event: <u>2 hours</u> Location of Event: _____ Mileage Traveled (km): <u>23.9</u> Other: _____ Per Diem: _____	Registration Expense: _____ Lodging Expense: _____ Total Meal Expense: _____ Mileage (\$) Expense: \$ <u>12.07</u> Incidental Expense: _____
--	--

GL: 01-720-11-272069 Expense: \$ 12.07

Function/Event: <u>Tour of Industrial Heartland</u> Date(s) of Event: <u>9 hours</u> Duration of Event: _____ Location of Event: _____ Mileage Traveled (km): <u>52.2</u> Other: _____ Per Diem: _____	Registration Expense: _____ Lodging Expense: _____ Total Meal Expense: \$ _____ Mileage (\$) Expense: \$ <u>26.36</u> Incidental Expense: _____
--	---

GL: 01-720-11-272069 Expense: \$ 26.36

Meal Allowance (maximum \$41.55 daily):			<b>Total Expenses: \$ 64.79</b>
Breakfast \$9.20	Lunch \$11.60	Dinner \$20.75	
Mileage: per Kilometre \$0.505			<b>Total Per Diem: 50.00</b>
Per Diem:			
0-2 Hours \$50.000			Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.
2-4 Hours \$100.000			
4-8 Hours \$200.000			
8+ Hours \$300.000			
Conference Rate \$200.000			

Claimant's Signature: 

Reviewed: 

Deputy Mayor Approval: 

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

Payroll: 50

A/P: 220 59

## Council Expense Claim Form

Name: Barry Turner

For the Month: April 16 - May 15

Date: May 15, 2018

### Expenditure Details

Function/Event: <u>Cell phone bills April &amp; May</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: \$ _____ <b>155.80</b>
---	---

GL: \_\_\_\_\_ Expense: \$ **155.80**

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: \$ _____
---	--

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: _____
---	---

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: _____
---	--

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

<b>Meal Allowance maximum \$41.55 daily):</b> 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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Total Expenses:</b></td> <td style="text-align: right;"><b>\$ 155.80</b></td> </tr> <tr> <td><b>Total Per Diem:</b></td> <td style="text-align: right;"><b>0.00</b></td> </tr> </table> <p style="text-align: center; font-size: small; margin-top: 10px;"><i>Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.</i></p>	<b>Total Expenses:</b>	<b>\$ 155.80</b>	<b>Total Per Diem:</b>	<b>0.00</b>
<b>Total Expenses:</b>	<b>\$ 155.80</b>				
<b>Total Per Diem:</b>	<b>0.00</b>				

Claimant's Signature: 

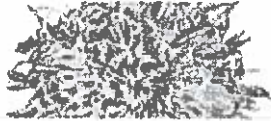
Reviewed: 

Deputy Mayor Approval: 

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

Payroll: \_\_\_\_\_

A/P: \_\_\_\_\_



March 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 (Mar 17 to Apr 16)**

SharePlus 55 - Nationwide Talk	\$55.00	
Call Display		
Call Waiting		
Conference Calling		
Voice Mail 3		
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AB 911 Government Fee	\$0.44	
<b>Total monthly and other charges</b> .....		<b>\$55.44</b>

**Add-ons (Mar 17 to Apr 16)**

L&R 10GB Shareable Data	\$75.00	
<b>Total add-ons</b> .....		<b>\$75.00</b>

Usage charges

April 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 (Apr 17 to May 16)**

SharePlus 5G - Nationwide Talk	\$55.00	
Call Display		
Call Waiting		
Conference Calling		
Voice Mail 3		
Family Calling LD		
No charge LD: CAN to CAN		
SMS Unlimited		
AB 911 Government Fee	\$0.44	
<b>Total monthly and other charges</b>	<b>\$55.44</b>	<i>✓ 1.05 - 58.21 ✓</i>

**Add-ons (Apr 17 to May 16)**

L&R 10GB Shareable Data	\$75.00	
<b>Total add-ons</b>	<b>\$75.00</b>	<i>14 18.75 + gst 19.69</i>

**Usage charges**

~~Free airtime refers to non-chargeable minutes that are not part of your included minutes.~~

*77.90  
x 2  
-----  
155.80*

## Council Expense Claim Form

Name: Rebecca Balanko

For the Month: April 16-May 15, 2018

Date: May 15, 2018

### Expenditure Details

Function/Event: <u>ARB test</u>		Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>19-Mar</u>		Lodging Expense: \$ <u>-</u>
Duration of Event: _____		Total Meal Expense: \$ <u>-</u>
Location of Event: _____		Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____		Incidental Expense: _____
Other: _____		
Per Diem: <u>100</u>		

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

Function/Event: <u>PPCLI</u>		Registration Expense: \$ <u>-</u>
Date(s) of Event: <u>13-Apr-18</u>		Lodging Expense: _____
Duration of Event: <u>3 hours</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: _____		Mileage (\$) Expense: \$ <u>25.25</u>
Mileage Traveled (km): <u>50</u>		Incidental Expense: _____
Other: _____		
Per Diem: _____		

GL: 01-720-11-272070 Expense: \$ 25.25

Function/Event: <u>VTRA Course</u>		Registration Expense: _____
Date(s) of Event: <u>April 19 &amp; 20</u>		Lodging Expense: _____
Duration of Event: <u>16 hours</u>		Total Meal Expense: _____
Location of Event: _____		Mileage (\$) Expense: \$ <u>-</u>
Mileage Traveled (km): _____		Incidental Expense: _____
Other: _____		
Per Diem: <u>400</u>		

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

Function/Event: <u>SWRA meeting</u>		Registration Expense: _____
Date(s) of Event: <u>April 25th</u>		Lodging Expense: _____
Duration of Event: <u>3</u>		Total Meal Expense: \$ <u>-</u>
Location of Event: _____		Mileage (\$) Expense: \$ <u>23.23</u>
Mileage Traveled (km): <u>46</u>		Incidental Expense: _____
Other: _____		
Per Diem: <u>100</u>		

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

Meal Allowance maximum \$41.55 daily):		Total Expenses: \$ <u>48.48</u> ✓
Breakfast: \$9.20	Lunch \$11.80	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 Per Diem: <u>600.00</u> ✓

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

Claimant's Signature: Rebecca Balanko

Reviewed: JR

Mayor Approval: [Signature]

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

Payroll: 1000

A/P: 778.63

# Council Expense Claim Form

**NAME:** Rebecca Balanko

**FOR THE MONTH:** April 16-May 15, 2018

**DATE:** \_\_\_\_\_

## Expenditure Details

<b>Function/Event:</b> McDonalds McHappy Day		<b>Registration Expense:</b> \$ _____	-
<b>Date(s) of Event:</b>	<u>2-May</u>	<b>Lodging Expense:</b> \$ _____	-
<b>Duration of Event:</b>	<u>1.5</u>	<b>Total Meal Expense:</b> \$ _____	-
<b>Location of Event:</b>	<u>St. Albert</u>	<b>Mileage (\$) Expense:</b> \$ _____	23.74
<b>Mileage Traveled (km):</b>	<u>47</u>	<b>Incidental Expense:</b> _____	
<b>Other:</b>	_____		
<b>Per Diem:</b>	_____		

**GL:** 01-720-11-272070 **Expense:** \$ 23.74

<b>Function/Event:</b> Emergency Social Services April 23 & May 11		<b>Registration Expense:</b> \$ _____	-
<b>Date(s) of Event:</b>	<u>23-Apr</u>	<b>Lodging Expense:</b> _____	
<b>Duration of Event:</b>	<u>3 hours/day x 2</u>	<b>Total Meal Expense:</b> \$ _____	-
<b>Location of Event:</b>	<u>MCCC</u>	<b>Mileage (\$) Expense:</b> \$ _____	-
<b>Mileage Traveled (km):</b>	_____	<b>Incidental Expense:</b> \$ _____	
<b>Other:</b>	_____		
<b>Per Diem:</b>	<u>200</u>		

**GL:** \_\_\_\_\_ **Expense:** \$ \_\_\_\_\_

<b>Function/Event:</b> Edmonton Global		<b>Registration Expense:</b> _____	
<b>Date(s) of Event:</b>	<u>May 9th</u>	<b>Lodging Expense:</b> _____	
<b>Duration of Event:</b>	<u>5.5 hours</u>	<b>Total Meal Expense:</b> _____	
<b>Location of Event:</b>	<u>Ft. Sask</u>	<b>Mileage (\$) Expense:</b> \$ _____	30.30
<b>Mileage Traveled (km):</b>	<u>60</u>	<b>Incidental Expense:</b> _____	
<b>Other:</b>	_____		
<b>Per Diem:</b>	<u>200</u>		

**GL:** \_\_\_\_\_ **Expense:** \$ 30.30

<b>Function/Event:</b> Westjet Flight for FCM		<b>Registration Expense:</b> _____	
<b>Date(s) of Event:</b>	<u>May 30th</u>	<b>Lodging Expense:</b> _____	
<b>Duration of Event:</b>	_____	<b>Total Meal Expense:</b> \$ _____	-
<b>Location of Event:</b>	_____	<b>Mileage (\$) Expense:</b> \$ _____	-
<b>Mileage Traveled (km):</b>	_____	<b>Incidental Expense:</b> \$ _____	676.11
<b>Other:</b>	_____		
<b>Per Diem:</b>	_____		

**GL:** 01-720-11-272070 **Expense:** \$ 676.11

<b>Meal Allowance (maximum \$41.55 daily):</b>		<b>Total Expenses:</b> \$ <u>730.15</u> ✓
<i>Breakfast</i> \$9.20	<i>Lunch</i> \$11.60	<b>Total Per Diem:</b> <u>400.00</u> ✓
<i>Dinner</i> \$20.75		
<b>Mileage:</b>	per Kilometre	\$0.505
<b>Per Diem:</b>	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:** *Rebecca Balanko*

**Reviewed:** *[Signature]*

**Mayor Approval:** *[Signature]*

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

**Payroll:** \_\_\_\_\_

**A/P:** \_\_\_\_\_



## eTicket Receipt

**Prepared For**  
BALANKO/REBECCA MRS

RESERVATION CODE	
ISSUE DATE	20Apr18
TICKET NUMBER	
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SDX
TOUR CODE	
FREQUENT FLYER NUMBER	

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
30 May18	WESTJET WS 224	EDMONTON INTL AB, CANADA  Time 8:50am	OTTAWA ON, CANADA  Time 2:34pm	Seat Number CHECK-IN REQUIRED Baggage Allowance NIL Booking Status OK TO FLY Fare Basis XC21ULK8/CMP9 Not Valid Before 30MAY18 Not Valid After 30MAY18
30 May18	WESTJET WS 388	OTTAWA ON, CANADA  Time 5:05pm	HALIFAX NS, CANADA  Time 7:38pm	Seat Number CHECK-IN REQUIRED Baggage Allowance NIL Booking Status OK TO FLY Fare Basis XC21ULK8/CMP9 Not Valid Before 30MAY18 Not Valid After 30MAY18
07 Jun18	WESTJET WS 391	HALIFAX NS, CANADA  Time 7:45am	EDMONTON INTL AB, CANADA  Time 10:02am	Seat Number CHECK-IN REQUIRED Baggage Allowance NIL Booking Status OK TO FLY Fare Basis IC30ULK8/CMP9 Not Valid Before 07JUN18 Not Valid After 07JUN18

## Allowances

### Baggage Allowance

YEG to YHZ - 0 Pieces WESTJET

Prices of additional baggage pieces:

- 25.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters
- 35.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

YHZ to YEG - 0 Pieces WESTJET

Prices of additional baggage pieces:

- 25.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

2. 35.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters  
 ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY DEPENDING ON FLYER-SPECIFIC FACTORS  
 /E.G. FREQUENT FLYER STATUS/MILITARY/ CREDIT CARD FORM OF PAYMENT/EARLY PURCHASE OVER  
 INTERNET,ETC

Carry On Allowances

YEG to YOW , YOW to YHZ , YHZ to YEG - 1 Piece (WS - WESTJET)

Carry On Charges

YEG to YOW , YOW to YHZ , YHZ to YEG - (WS - WESTJET) - Carry-on fees unknown - contact carrier

## Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : XXXXXXXXXXXXX 1665
Fare Calculation Line	YEA WS X/YOW WS YHZ 298.00WS YEA 225.00CAD 523.00END
Fare	CAD 523.00
Taxes/Fees/Carrier-Imposed Charges	CAD 46.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
	CAD 29.16 XG8 (XG8)
	CAD 14.25 CA4 (CA4)
	CAD 58.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))
	CAD 4.20 RC2 (HARMONIZED SALES TAX (HST))
	CAD 1.50 XG9 (XG9)
Total Fare	CAD 676.11

**Positive identification required for airport check in**

**Notice:**

**Travel info**

**QST # 1202807956TQ0001 GST # 866112535**

For details about flying with Westjet, print [the important flight information package](#) or browse our travel info:

- [Baggage fees](#) (\$25-\$118 per bag; additional \$75-\$88.50 per bag for overweight or oversize)
- [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
- [Children, infants and expectant mothers](#)
- [Fare options](#) (Econo, Flex, Plus, and Member Exclusive)
- [Guests with special needs](#)
- [ID requirements](#)
- [Inflight services](#) (Inflight entertainment and buy-on-board menu)
- [Seat selection](#) (Seat maps, seats in Plus)

At Westjet, getting you to your destination safely and on time are top priorities for us. To help ensure an on-time departure, we adhere to our [check-in and baggage cut-off times](#). Please make sure you're familiar with



## Council Expense Claim Form

Name: Nicole Boutestein

For the Month: April -May

Date: May 15, 2018

### Expenditure Details

Function/Event: <u>Community service advisory bd</u>		Registration Expense: \$	-
Date(s) of Event: <u>April 18</u>		Lodging Expense: \$	-
Duration of Event: <u>2 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: <u>3PPCLI</u>		Registration Expense: \$	-
Date(s) of Event: <u>4-May</u>		Lodging Expense: _____	
Duration of Event: <u>4 hours</u>		Total Meal Expense: \$	-
Location of Event: <u>Garrison</u>		Mileage (\$) Expense: \$	25.25
Mileage Traveled (km): <u>50</u>		Incidental Expense: _____	
Other: _____			
Per Diem: _____			

GL: 01-720-11-272071 Expense: \$ 25.25

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: \$ -

<b>Meal Allowance maximum \$41.55 daily):</b>	
<i>Brekfast</i> \$9.20 <i>Lunch</i> \$11.60 <i>Dinner</i> \$20.75	<b>Total Expenses: \$</b> <span style="float: right;"><b>25.25</b></span>
Mileage: per Kilometre \$0.505	<b>Total Per Diem:</b> <span style="float: right;"><b>50.00</b></span>
Per Diem: 0-2 Hours \$50.00	Note: Receipts must be attached / submitted with this Expense Claim. All expenses must be approved by the Mayor.
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: 50

A/P: 25.25

# Council Activity Report

Name: Nicole Boutestein

Month: May 2018

Date	Function / Event	Comments	Duration
18-Apr	Briefing - ERB Ag Master Plan Task Force Meeting		45 minutes
17-Apr	Admin Meeting		2 hours
17-Apr	COW	include prep time	4 hours
24-Apr	Bylaw & policy review	include prep time	3 hours
24-Apr	Council meeting	include prep time	5 hours
4-May	3PPCLI		4 hours
2018-058	Governance, Finance and Audit (GFA) Committee	include prep time	2 hours
8-May	Council meeting		5 hours
15-May	Admin Meeting		2 hours
15-May	COW		
			ota 0

## Council Expense Claim Form

Name: Stephen Dafoe

For the Month: May

Date: May 15, 2018

### Expenditure Details

Function/Event: <u>Edmonton Metropolitan Regional Board</u>		Registration Expense: \$	-
Date(s) of Event: <u>10-May</u>		Lodging Expense: \$	-
Duration of Event: <u>5</u>		Total Meal Expense: \$	-
Location of Event: <u>Edmonton</u>		Mileage (\$) Expense: \$	39.39
Mileage Traveled (km): <u>78</u>		Incidental Expense:	
Other:			
Per Diem: <u>200</u>			
GL: <u>01-720-11-272072</u>		Expense: \$	39.39

Function/Event: <u>Rosseridge Landfill Commission</u>		Registration Expense: \$	-
Date(s) of Event: <u>10-May</u>		Lodging Expense:	-
Duration of Event: <u>2</u>		Total Meal Expense: \$	-
Location of Event: <u>Bon Accord</u>		Mileage (\$) Expense: \$	18.18
Mileage Traveled (km): <u>36</u>		Incidental Expense: \$	
Other:			
Per Diem:			
GL: <u>01-720-11-272072</u>		Expense: \$	18.18

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: \$	57.57
Breakfast \$9.20	Lunch \$11.60	Total Per Diem:	200.00
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: 200

A/P: 57.57

# Council Activity Report

Name: Stephen Dafoe

Month:

Date	Function / Event	Comments	Duration
17-Apr	Committee of the Whole	regular monthly meeting	4
24-Apr	Bylaw Committee Meeting		2
24-Apr	Council	regular meeting	2
8-May	GFA	governance, finance, audit	1.5
8-May	Council	regular meeting	1.5
10-May	Summer Block Party	community event	1.5
11-May	MCS play	attended Prodigal Clown as deputy mayor	2
<b>Total:</b>			14.5

## Council Expense Claim Form

Name: Lawrence Giffin

For the Month: April 16 to May 15 Date: \_\_\_\_\_

### Expenditure Details

Function/Event: <u>Edmonton Salutes</u>	
Date(s) of Event: <u>April 19th</u>	Registration Expense: \$ _____ -
Duration of Event: <u>3</u>	Lodging Expense: \$ _____ -
Location of Event: <u>Edmonton City Hall</u>	Total Meal Expense: \$ _____ -
Mileage Traveled (km): <u>78</u>	Mileage (\$) Expense: \$ _____ <b>39.39</b>
Other: _____	Incidental Expense: _____
Per Diem: <u>100</u>	

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

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

<b>Meal Allowance maximum \$41.55 daily):</b>	<b>Total Expenses: \$ 39.39</b>
<i>Breakfast \$9.20      Lunch \$11.60      Dinner \$20.75</i>	<b>Total Per Diem: 100.00</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: 100

A/P: 39.39

## Council Expense Claim Form

Name: Sarah Hall

For the Month: May

Date: May 15, 2018

### Expenditure Details

Function/Event: <u>Community Services Advisory Committee</u>		Registration Expense: \$ <u>          -</u>
Date(s) of Event: <u>18-Apr</u>		Lodging Expense: \$ <u>          -</u>
Duration of Event: <u>2.5 hours</u>		Total Meal Expense: \$ <u>          -</u>
Location of Event: <u>MCCC</u>		Mileage (\$) Expense: \$ <u>          -</u>
Mileage Traveled (km): <u>          </u>		Incidental Expense: <u>          </u>
Other: <u>          </u>		
Per Diem: <u>          \$50</u>		
GL: <u>          </u>		Expense: \$ <u>          -</u>


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


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

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

GL: <u>          </u>		Expense: \$ <u>          -</u>
<b>Meal Allowance maximum \$41.55 daily):</b>		<b>Total Expenses: \$ <u>          -</u></b>
<i>Breakfast \$9.20</i>	<i>Lunch \$11.60</i>	<i>Dinner \$20.75</i>
<b>Mileage:</b>	<b>per Kilometre</b>	<b>\$0.505</b>
<b>Per Diem:</b>	<b>0-2 Hours</b>	<b>\$50.00</b>
	<b>2-4 Hours</b>	<b>\$100.00</b>
	<b>4-8 Hours</b>	<b>\$200.00</b>
	<b>8+ Hours</b>	<b>\$300.00</b>
	<b>Conference Rate</b>	<b>\$200.00</b>
		<b>Total Per Diem: <u>          50.00</u></b>

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:           50

A/P:

# Council Activity Report

Name: Sarah Hall

Month:

Date	Function / Event	Comments	Duration
17-Apr	Administration Briefing	attended breifing	2
17-Apr	Committee of the Whole	attended meeting	3
16/17-Apr	Meeting prep	Review of agenda package & notes for COW	3
18-Apr	Community Services Advisory Committee	attended meeting	2.5
22-Apr	Meeting Prep	Review of agenda package & notes for B&P and reg. council meeting	2
24-Apr	Rotary Liason Meeting	Met with Rotary liason/member at large Garry Hodgins & Mayor Turner	1.5
24-Apr	Bylaw & Policy Committee meeting	Attended meeting	2.5
24-Apr	Regular Meeting of Council	Attended meeting	2
26-Apr	Rotary Spring mixer	Attended Rotary information session and mixer	3
2-May	McHappy Day	Volunteered at the Tudor Glen McDonalds for McHappy Day	2
4-May	3 PPCLI Tour	Attended Tour of 3 PPCLI regiments at the military base	4
6-May	Meeting Prep	GFA & Regular council agenda review and notes	3
8-May	GFA Meeting	attended GFA meeting	1.5
8-May	Regular Council meeting	Attended regular council meeting	2.5
10-May	Block Party Kickoff	Attended and cooked/served BBQ at the Block Party Kickoff & Bike Rodeo event.	3
15-May	Meeting Prep	Review COW agendas & notes for meeting	2
15-May	COW & Administration Briefing	Attended admin briefing & Committee of the Whole meetings.	4
<b>Total:</b>			<b>43.5</b>

## Council Expense Claim Form

Name: Scott Richardson

For the Month: April 16-May 15

Date: May 15, 2018

### Expenditure Details

Function/Event: <u>Alberta Library Conference</u>		Registration Expense: \$	-
Date(s) of Event: <u>April 27,28,29</u>		Lodging Expense: \$	-
Duration of Event: <u>27th (12hr) 28th(10hr) 29th(10hr)</u>		Total Meal Expense: \$	9.20
Location of Event: <u>Jasper Park Lodge</u>		Mileage (\$) Expense: \$	383.80
Mileage Traveled (km): <u>760</u>		Incidental Expense:	
Other:			
Per Diem: <u>600</u>			

GL: \_\_\_\_\_ Expense: \$ 393.00

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: \$ -

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> ):	Expense: \$ <span style="float: right;">-</span>
Breakfast \$9.20      Lunch \$11.60      Dinner \$20.75	<b>Total Expenses: \$ <span style="float: right;">393.00</span></b>
	<b>Total Per Diem: <span style="float: right;">600.00</span></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: 600

A/P: 393.00