

EMPLOYEE NAME: Lisa Makin

ADDRESS: [Redacted]

MONTH ENDING: December 2023



CITY OF FORT SASKATCHEWAN

**INSTRUCTIONS:**

**Original itemized receipts** must be attached and submitted to Accounts Payable.

**MISSING RECEIPTS:** If a receipt is missing, claim the appropriate per diem. If no per diem applies, please complete and attach a Request for Reimbursement form (see MyFort) to this claim. The Request for Reimbursement form cannot be used when a per diem rate is available.

**Allowances for Mileage (CRA rates), Meals, and Accommodation (Alberta Per Diems ) must be claimed on PAGE 2, and attached to this expense claim.**

<https://open.alberta.ca/publications/travel-meal-and-hospitality-expenses-policy-expenses-policy>

<https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/payroll/benefits-allowances/automobile/automobile-motor-vehicle-allowances/reasonable-kilometre-allowance.html>

**Education and Academic Courses** must be claimed on PAGE 3, and attached to this expense claim.

**Claim Receipted Expenses (EXCLUDING EDUCATION) in this Area**

Receipt Date yyyy-mm-dd	Vendor Name	Description	GL Code (Fund-Object-Function) #-####-#####	Total before GST & HST	GST	HST	Total
2023-12-03	Bell Mobility	December Cell	1.2137.11220	\$ 95.25	\$ 4.75		\$ 100.00
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
	Mileage*	See PAGE 2 for details	---	\$ -	N/A	N/A	\$ -
	Per Diems*	See PAGE 2 for details	---	\$ -	N/A	N/A	\$ -
	Education / Academic	See PAGE 3 for details	---	\$ -	\$ -	\$ -	\$ -
				<b>\$ 95.25</b>	<b>\$ 4.75</b>	<b>\$ -</b>	<b>\$ 100.00</b>

\* GST cannot be claimed on allowances and per diems

I, Lisa Makin, HEREBY CERTIFY THAT:

*the expenditures claimed in this report are compliant with the Employee Business Expense Policy FIN-012-A and have not been claimed through any other source. I am aware that any false or improper claim may be grounds for disciplinary action up to and including, but not limited to, termination.*

Signed: Electronically Approved Via Email

Date: Jan 8, 2024

**APPROVAL (IMMEDIATE SUPERVISOR):**

*I have reviewed the expenditures claimed. I have confirmed that these expenditures are compliant with the Employee Business Expense Policy FIN-012-A. Therefore, I do hereby approve this expense claim for payment.*

Andrew Kaiser, Director, Legislative Services	Electronically Approved via Email	08-Jan-24
Print Name of Immediate Supervisor	Supervisor's Signature	Date

7:07

5G 52



## Service details

Dec 03 - Jan 02, 2024



(780) 340-0054

Monthly charges and credits \$65.95 ▾

Hardware charges & credits ⓘ \$62.94 ▾

Usage charges & credits \$0.00 ▾

**Subtotal**  
(before taxes) \$128.89

[Learn more about charges & credits](#)

## Jennifer Chapman

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**Subject:** FW: L. Makin Dec Expense Claim - Approved  
**Attachments:** Dec Cell.pdf; Dec Expense Claim 2023.xlsx

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**From:** Andrew Kaiser <AKaiser@fortsask.ca>  
**Sent:** Monday, January 8, 2024 9:34 PM  
**To:** Jennifer Chapman <JChapman@fortsask.ca>  
**Subject:** RE: L. Makin Dec Expense Claim - Approved

Approved, as attached.

Thanks Jennifer!

**Andrew Kaiser**  
Director, Legislative Services  
Phone: 780-992-6584

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**From:** Jennifer Chapman <[JChapman@fortsask.ca](mailto:JChapman@fortsask.ca)>  
**Sent:** Monday, January 8, 2024 11:57 AM  
**To:** Andrew Kaiser <[AKaiser@fortsask.ca](mailto:AKaiser@fortsask.ca)>  
**Subject:** L. Makin Dec Expense Claim - Approved

For your review and approval.

Jennifer Chapman  
Legislative Services Department - Legislative Officer

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**From:** Lisa Makin <[lmakin@fortsask.ca](mailto:lmakin@fortsask.ca)>  
**Sent:** Monday, January 8, 2024 11:51 AM  
**To:** Jennifer Chapman <[JChapman@fortsask.ca](mailto:JChapman@fortsask.ca)>  
**Subject:** Re: Dec Expense Claim - Approval Required

Approved. Thanks!

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**From:** Jennifer Chapman <[JChapman@fortsask.ca](mailto:JChapman@fortsask.ca)>  
**Sent:** Monday, January 8, 2024 8:50:06 AM  
**To:** Lisa Makin <[lmakin@fortsask.ca](mailto:lmakin@fortsask.ca)>  
**Subject:** Dec Expense Claim - Approval Required

Good morning, please review the attached and confirm by replying to this email that you approve of the expense.

Thank you,  
**Jennifer Chapman**  
Legislative Services Department - Legislative Officer

Councillor Lisa Makin Heartland Housing Foundation (HHF) Per Diems June – December 2023.

HEARTLAND HOUSING FOUNDATION		
DATE: 20231227	CK# [REDACTED]	TOTAL: \$***1,047.92
PAYEE: Lisa Makin (V0000740)		
Property Address - Code	Invoice - Date	Description
Heartland Housing Corporate - h0	DEC 2023 EXPENSE - 12/13/23	
Heartland Housing Corporate - h0	DEC 2023 MILEAGE - 12/13/23	
		Amount
		950.00
		97.92
		<hr/> 1,047.92