

EMPLOYEE NAME: Lisa Makin

ADDRESS: [Redacted]

MONTH ENDING: November 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
2023-11-03	Bell Mobility	November Cell Phone	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	---	\$ -	\$ -	\$ -	\$ -
				\$ 95.25	\$ 4.75	\$ -	\$ 100.00

* 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 2, 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	03-Jan-24
Print Name of Immediate Supervisor	Supervisor's Signature	Date

9:52

Signal strength, Wi-Fi, and battery (85%) icons



Service details

Nov 03 - Dec 02, 2023



(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](#)



CITY OF FORT SASKATCHEWAN

Council Per Diem

Conferences/Seminars/Workshops/Meetings (CSWM)

Name: Lisa Makin		Date: 27-Nov-23		Payroll No.: [REDACTED]		
Date of CSWM	Details & Location of CSWM	Duration: No. of days including travel time	X	Honorarium: <i>half day - 2 to 4 hrs. (\$100.00) / full day - in excess of 4 hrs. (\$200.00)</i>	Code to account	Total
16-Oct-23	Capital Budget Deliberations	1	x	\$ 200.00	1.2041.11220	\$ 200.00
November 15, 20, 23, 2023	Operating Budget Deliberations	3		\$ 200.00	1.2041.11220	\$ 600.00
Net Claim						\$ 800.00

Signature: _____

Approved via attached email

Approved by: _____

Approved as per attached email.

Director, Legislative Services

Date Submitted for Payment: _____

2023-11-30 JC