



Monthly Summary

Division	<u>6</u>	
Councillor name	<u>Glenn Belozer</u>	
Month	<u>September</u>	
Year	<u>2024</u>	
Expenses		
Taxable salary	\$	7,127.99
Taxable allowance	\$	356.40
Mileage	\$	1,001.19
Conferences expenses	\$	228.88
Internet		
Other		
Total	\$	<u>8,714.46</u>

**LEDUC COUNTY
COUNCIL MONTHLY PAYROLL**

September 2024

3.5% COLA

Divison	Councillor	Total Meeting/Event Attendance	Taxable Salary	Taxable Allowances	Taxable Sub-Total	Kilometers Travelled	Kilometers 0.69 /KLM	Total
1	R. Smith	20	\$ 7,127.99	-	\$ 7,127.99	839.00	\$ 578.91	7,706.90
2	K. Lewis	31	\$ 7,127.99	-	\$ 7,127.99	913.00	\$ 629.97	7,757.96
3	D. Viridi	18	\$ 7,127.99	-	\$ 7,127.99	222.00	\$ 153.18	7,281.17
4	L. Wanchuk	11	\$ 7,127.99	-	\$ 7,127.99	360.00	\$ 248.40	7,376.39
5	T. Doblanko (Mayor)	22	\$ 7,127.99	1,425.60	\$ 8,553.59	722.00	\$ 498.18	9,051.77
6	G. Belozar (Deputy Mayor)	19	\$ 7,127.99	356.40	\$ 7,484.39	1451.00	\$ 1,001.19	8,485.58
7	R. Scobie	15	\$ 7,127.99	-	\$ 7,127.99	836.00	\$ 576.84	7,704.83
	Totals	136	\$ 49,895.95	1,782.00	\$ 51,677.95	5343.00	\$ 3,686.67	55,364.62


 Mayor Tanni Doblanko

cheque

Convention/Seminar/Workshop Expense Claim Form

ANT: Glenn Belozer

CONVENTION CATEGORY: _____

TION NAME: AB CARE Conference

LOCATION: Bonnyville, AB

SES Attach Receipts	DAY 1 <u>Sep. 11/24</u> DATE	DAY 2 <u>Sep. 12/24</u> DATE	DAY 3 _____ DATE	DAY 4 _____ DATE	DAY 5 _____ DATE	TOTALS	GL #
Accommodations	\$104.99 \$ 5.25 \$ 4.20 114.44 \$209.98	\$104.99 \$ 5.25 \$ 4.20 114.44 \$209.98				\$209.98 \$10.50 \$ 8.40 \$228.88	111016 ACCC 111016 ACCC 111016 ACCC .
Total Room / Accommodations							
Breakfast	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	
Lunch							
Dinner							
Total Meals (Maximum \$45.00/day + Taxes)							
Kilometres Private Vehicle Air <u>Submit on time sheet</u>							
Parking (Actual Cost)							
Cab Fare (Actual Cost)							
Gratuities (Maximum \$10.00/day)							
Other - Total							

0 CORRECT:

request

Glenn Belozer
CLAIMANT
Sep 24
DATE

Glenn Belozer
APPROVED BY
Sep. 24, 2024
DATE



zed Receipts for all expenses should accompany claim, as per HR Management Policy 20.07(e).

it Card Slips are not legitimate receipts.

l by private vehicle (kilometres) is to be claimed on this "form"

(4) Claim "requires approval" before payment can be processed.

(5) G S T Registration numbers must be indicated on all receipts where applicable

Bonnyville Inn & Suites
#101-5401 43rd Street
Bonnyville, AB T9N 0B2

Fax: (780)826-6270
Email: fd@bestwesternbonnyville.com

Phone: (780)826-6226

Web: bestwesternbonnyville.com



Guest Charges

Folio #:	242714	Guest : Belozer, Glenn	Conf #:	204164
Room #:	327		CRS #:	BW 225600552-01
Payment Method : Credit Card	Billing Reference :			
Rate :	Company :	ALBERTA CARE	Arrival:	9/11/2024
9/11/2024	\$104.99		Departure:	9/13/2024

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
9/11/2024	Room Charge	Auto Posted		327	\$104.99		\$104.99
9/11/2024	Tourism Levy	Auto Posted		327	\$4.20		\$109.19
9/11/2024	Room GST	Auto Posted		327	\$5.25		\$114.44
9/12/2024	Room Charge	Auto Posted		327	\$104.99		\$219.43
9/12/2024	Tourism Levy	Auto Posted		327	\$4.20		\$223.63
9/12/2024	Room GST	Auto Posted		327	\$5.25		\$228.88
9/13/2024	MasterCard	MC0069		327		\$228.88	\$0.00
Balance							\$0.00

Tax Summary	
Room GST	\$10.50
Tourism Levy	\$8.40

Credit Card Payment

Payment Type:	Credit Card ✓	Amount Paid:	\$228.88 ✓
Account:	MC0069	Approval Code:	_00947Z_
Account Holder:	BELOZER/GLENN	Approval Amount:	(\$228.88)

GST # 840673925

All payments must be made to Best Western Bonnyville Inn & Suites.

I agree that my liability for all charges is not waived.

Guest Signature
