



Monthly Summary

Division	<u>6</u>
Councillor name	<u>Glenn Belozer</u>
Month	<u>February</u>
Year	<u>2023</u>
Expenses	
Taxable salary	\$ 6,886.95
Taxable allowance	
Mileage	\$ 529.30
Conferences expenses	\$ 691.32
Internet	\$ -
Other	\$ -
Total	<u>\$ 8,107.57</u>

**LEDUC COUNTY
COUNCIL MONTHLY PAYROLL**

February 2023

3%COLA

*Mileage Rate
\$0.67 (Feb 1/23)*

Division/ Councillor	Council Attendance	Convention Attendance	Other Attendance	Total Attendance	External Attendance	Taxable Salary	Taxable Allowances	Taxable Sub-Total	Kilometers	Total
1. R. Smith	4	-	15	19	-	\$ 6,886.95	-	\$ 6,886.95	\$ 628.46	7,515.41
5. T. Doblanko	3	2	13	18	-	\$ 6,886.95	1,377.39	\$ 8,264.34	\$ 491.78	8,756.12
6. G. Belozer	6	8	6	20	-	\$ 6,886.95	-	\$ 6,886.95	\$ 529.30	7,416.25
8 D. Viridi	5	-	8	13	-	\$ 6,886.95	-	\$ 6,886.95	\$ 160.80	7,047.75
9 K. Lewis	6	-	19	25	-	\$ 6,886.95	344.35	\$ 7,231.30	\$ 290.11	7,521.41
10 R. Scobie	2	-	3	5	-	\$ 6,886.95	-	\$ 6,886.95	\$ 289.44	7,176.39
11 L. Wanchuk	5	4	3	12	-	\$ 6,886.95	-	\$ 6,886.95	\$ 207.70	7,094.65
Totals				112		\$ 48,208.65	\$ 1,721.74	\$ 49,930.39	\$ 2,597.59	\$ 52,527.98

Notes:

Attendance is recorded as segments for a morning, afternoon &/or evening
Maximum recorded attendance per day is 3

Mayor Tanni Doblanko

Copies forwarded to Records Management

Initial

Date



MONTHLY COUNCIL TIMESHEET

Name Glenn Belozer

Signature _____

Month 23-Feb

DESCRIPTION										ADMINISTRATION USE				
DATE	MORNING	County offices (y/n)	Km	AFTERNOON	County offices (y/n)	Km	EVENING	County offices (y/n)	Km	Reg.	Km	Convent	Other	Km
1	Office - Duane	Y	126										1	126
2				ALUS	N	0							1	0
7	Governance & Priorities Meeting	Y	63	Governance & Priorities Meeting	Y	63				2	126			
8							Sunnybrook Hall	N	0	1			1	0
13							Warburg Seed Plant	N	34	1			1	34
14	Council Workshop	Y	63	Regular Council	Y	63				2	126			
15							Landfill	N	0	1			1	
21				Subdivision Authority	Y	126				1	126			
22	AB CARE Conference	N	0	AB CARE Conference	N	0	AB CARE Conference	N	0			3		
23	AB CARE Conference	N	0	AB CARE Conference	N	0	AB CARE Conference	N	0			3		
24	AB CARE Conference	N	0	AB CARE Conference	N	0						2		
27				Rig Hand Celebration	N	126							1	126
28				Regular Council	Y	126				1	126			
		TOTALS 252				TOTALS 504				TOTALS 34				
Salary	6886.95	Salary			Taxable Km $160 \times .67 = 107.20$			Per diem totals			6	8	6	
Mayor allowance	/	Mayor allowance			Non-taxable Km $(160 \times .67) = 107.20$			Taxable Km				504		126
Deputy Mayor allowance	/	Deputy Mayor allowance			KM SUBTOTAL			Non-taxable Km				0		160
SUBTOTAL	6886.95	SUBTOTAL			Mileage \$ $.67/\text{km}$			TOTAL \$			7416.25			

Check March 2023



Convention/Seminar/Workshop Expense Claim Form

PARTICIPANT: Glenn Belozer

CONVENTION CATEGORY: _____

CONVENTION NAME: Alberta Care

LOCATION: Strathmore

EXPENSES - Attach Receipts	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	TOTALS	GL #
	DATE	DATE	DATE	DATE	DATE		
Room / Accommodations	\$115.65	\$115.65					111016 AC
GST	\$5.56	\$5.56					
Total Room / Accommodations	\$121.21	\$121.21					
Meals - Breakfast	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	(MEAL) (GST)	
Lunch							
Dinner							
Total Meals (Maximum \$45.00/day + Taxes)							
Travel - Kilometres Private Vehicle	335 x .67		335 x .67				111016 ml
- Air	= \$224.45		= \$224.45				
Other Parking (Actual Cost)							
Cab Fare (Actual Cost)							
Gratuities (Maximum \$10.00/day)							
Other - Total							
TOTALS	\$345.66	\$121.21	\$224.45			\$691.32	

CERTIFIED CORRECT: _____

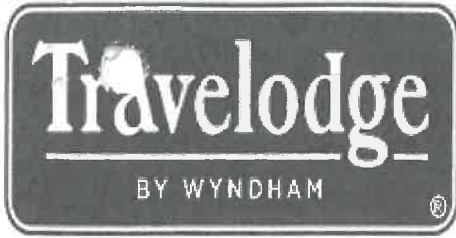
[Signature]
 CLAIMANT
Feb. 28 2023
 DATE

APPROVED BY _____
 DATE _____

NOTE:

- (1) **Itemized Receipts** for all expenses should accompany claim, as per HR Management Policy 20.07(e).
- (2) **Credit Card Slips** are not legitimate receipts
- (4) Claim "requires approval" before payment can be processed

Accounts Payable
 FEB 28 2023



TRAVELODGE STRATHMORE

350 RIDGE ROAD
STRATHMORE AB T1P 1B5 CA
Phone: 403-901-0000

Fax: 403-901-0016

Email: travelodgestrathmore@gmail.com
Hotel ID: 12607

Printed: 2023-02-24 6:49:30 AM

Folio (Detailed)

Name: BELOZER, GLENN

Confirmation Number:

84348EE005989

ACCOUNT/ INVOICE# :

Address:

Room: 167

Room Type:

NQQ3, 2 QUEEN BEDS,
ADJOINING, NONSMOKING

Nights: 2

Guests: 1/0

Rate Plan: RACK

Daily Rate:

\$111.20 + \$10.01 Tax

GTD: MC - MASTERCARD

Arrival: 2023-02-22 (Wed)

Departure:

2023-02-24 (Fri)

XXXX XXXX XXXX

Room Rate:

2023-02-22 (Wed) - 2023-02-23 (Thu)

\$111.20 + \$10.01 Tax per night.

Date	Code	Description	Amount	Balance
2023-02-22	RM	ROOM CHARGE	\$111.20	\$111.20
2023-02-22	TAX 1	GST	\$5.56	\$116.76
2023-02-22	TAX 2	TOURISM LEVY	\$4.45	\$121.21
2023-02-23	RM	ROOM CHARGE	\$111.20	\$232.41
2023-02-23	TAX 1	GST	\$5.56	\$237.97
2023-02-23	TAX 2	TOURISM LEVY	\$4.45	\$242.42
2023-02-24	MC	MC	-\$242.42	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$222.40	\$20.02	\$0.00	\$0.00	-\$242.42	\$0.00	\$0.00

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Guest Signature: _____



(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."