



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTÉ DE  
**RICHMOND**

NAME: Chris Boudreau

PERIOD COVERED: November 1, 2017 to November 30, 2017

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
06-Nov-17	Travel to D'Escouse for assessments or WWMD project	28	
08-Nov-17	Travel to Louisdale to meet SRSB regarding sewer service for new WTP	34	
14-Nov-17	Travel to Arena for WTP Construction Meeting	34	
16-Nov-17	Travel to Arena / Landry Lane / Louisdale WTP Site / Richmond Solid Waste Management Facility.	40	
23-Nov-17	Travel to Janvrins Island for on-site sewage disposal system inspection	32	
24-Nov-17	Travel to Arena for Arena Staff Meeting	34	
28-Nov-17	Travel to Arena for WTP Construction Meeting	34	

Goods Rec'd. Date..... Initial.....  
 Prices Checked.....  
 Add. & Ext. Checked.....  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No.....  
 Distribution: Acc't. No. 10-242-3070-242110

HST 3

Totals: 236.00 \$0.00  
 Rate: \$0.4289  
 Total Mileage (\$): \$101.22

Total Expenses Claimed: **\$101.22**

ACCOUNT #:	10-242-3070-242110	CHEQUE #:	
SIGNATURE:	<i>Chris Boudreau</i>	AMOUNT:	
APPROVED:	<i>Kevin Dignault</i>	DATE PAID:	
		INITIAL:	



**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

**OF THE COUNTY OF RICHMOND** **MUNICIPALITY TRAVEL**  
**EXPENSE CLAIM**

<b>Name of Claimant:</b>	Chris Boudreau
<b>Destination:</b>	Port Hood Municipal Office
<b>Purpose of Travel:</b>	Solid Waste Region 1 Meeting
<b>Departure Date/Time:</b>	December 14, 2017 - 10:00 AM
<b>Return Date/Time:</b>	December 14, 2017 - 12:00 PM
<b>Approval to Travel</b>	x <i>Walter Dignart</i> Date: <i>Dec 12 - 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	188	0	0	0	0	\$80.63 0.00
Accommodation: Direct Bill Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20	/					0.00
Lunch \$25	/					0.00
Dinner \$30	/					0.00
Other Meals (Receipts Required)	/					0.00
Incidentals (\$10 per overnight stay)	/					0.00
Taxi/Parking/Tolls (Receipts Required)	/					0.00
<b>Total Amount Being Claimed</b>						\$80.63 0.00 <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">                     \$80.63                 </div>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial CB N/A

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature:	<i>Chris Boudreau</i>
Date:	<i>Dec 14 / 17</i>
Travel Approved by Supervisor:	<i>Walter Dignart</i>
GL Code:	<i>10.242.3070.242110</i>

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10.242.3070.242110</i>		

*HSR*  
3



**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTE DE  
**RICHMOND**

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate <u>\$0.4289</u></b>
<b>Name of Claimant:</b>	Jason MacLean	
<b>Destination:</b>	Membertou Trade and Convention Centre	
<b>Purpose of Travel:</b>	Cannabis Forum sponsored by CB Partnership.	
<b>Departure Date/Time:</b>	November 1/ 3:00 pm	
<b>Return Date/Time:</b>	November 1/ 10:00 pm	
<b>Approval to Travel</b>	<i>Grian Marchand</i>	<b>Date:</b> <i>Oct 26-2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 190.00	190.00					190.00
<b>Total Cost of Mileage:</b> \$81.49	\$81.49	\$0.00	\$0.00	\$0.00	\$0.00	\$81.49
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast    \$20						\$0.00
Lunch        \$25						\$0.00
Dinner      \$30						\$0.00
<b>Other Meals (Receipts Required)</b>						\$0.00
<b>Incidentals (\$10 per overnight stay)</b>						\$0.00
<b>Taxi/Parking/Tolls (Receipts Required)</b>						\$0.00
<b>Total Amount Being Claimed</b>	\$81.49	\$0.00	\$0.00	\$0.00	\$0.00	\$81.49

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

*Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%*

*attendance threshold has been met*

I confirm that I attended 80% or more of the conference I attended:    Initial *JM*    N/A

*Guest speaker from 4:30 - 6:00 followed by a meal and keynote speaker.*

<b>All claims are to be submitted not later than 30 days after return.</b>	
<b>Claimant Signature:</b>	<i>J MacLean</i>
<b>Date:</b>	<i>Nov 14, 2017</i>
<b>Travel Approved by Supervisor:</b>	<i>Grian Marchand</i>
<b>GL Code:</b>	

Goods Rec'd. Date.....	Initial.....	<i>0</i>
Prices Checked.....		<i>0</i>
Add. & Ext. Checked.....		<i>0</i>
Approval for Payment.....		<i>0</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2110 210130</i>		

HSI  
3

**Cape Breton Partnership**  
 285 Alexandra Street  
 Sydney, Nova Scotia B1S 2E8

**INVOICE**

Invoice No.: 2380  
 Date: 11/02/2017  
 Ship Date:  
 Page: 1  
 Re: Order No.

**Sold to:**  
**Municipality of the County of Richmond**  
 2357 Highway 206  
 P.O. Box 120  
 Arichat, Nova Scotia B0E 1A0

**Ship to:**  
 Municipality of the County of Richmond  
 2357 Highway 206  
 P.O. Box 120  
 Arichat, Nova Scotia B0E 1A0

**Business No.:** 86207 8979 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount																																
			Atlantic Cannabis Forum - Registration Brian Marchand	H		250.00																																
			Atlantic Cannabis Forum - Registration Louis Digout	H		250.00																																
			Atlantic Cannabis Forum - Registration Alvin Martell	H		250.00																																
			Atlantic Cannabis Forum - Registration Jason MacLean (Wednesday Only)	H		60.00																																
			H - HST 15%																																			
			HST			121.50																																
<table border="1" style="margin: auto;"> <tr> <td>Goods Rec'd. Date</td> <td>Nov 17 17</td> <td>Initial</td> <td>MM</td> </tr> <tr> <td>Prices Checked</td> <td></td> <td></td> <td>A</td> </tr> <tr> <td>Add. &amp; Ext. Checked</td> <td></td> <td></td> <td>A</td> </tr> <tr> <td>Approval for Payment</td> <td></td> <td></td> <td>A</td> </tr> <tr> <td>Discount Date</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Paid by Cheque No.</td> <td>10 212 2120 2121 30</td> <td></td> <td></td> </tr> <tr> <td>Distribution: Acc't. No.</td> <td>10 210 2110 2101 30</td> <td></td> <td></td> </tr> <tr> <td></td> <td>10 210 2100 2101 10</td> <td></td> <td></td> </tr> </table>							Goods Rec'd. Date	Nov 17 17	Initial	MM	Prices Checked			A	Add. & Ext. Checked			A	Approval for Payment			A	Discount Date				Paid by Cheque No.	10 212 2120 2121 30			Distribution: Acc't. No.	10 210 2110 2101 30				10 210 2100 2101 10		
Goods Rec'd. Date	Nov 17 17	Initial	MM																																			
Prices Checked			A																																			
Add. & Ext. Checked			A																																			
Approval for Payment			A																																			
Discount Date																																						
Paid by Cheque No.	10 212 2120 2121 30																																					
Distribution: Acc't. No.	10 210 2110 2101 30																																					
	10 210 2100 2101 10																																					
					HST 3																																	
					287.50																																	
					356.50																																	
					287.50																																	
<b>Shipped By:</b>						<b>Tracking Number:</b>																																
<b>Comment:</b> Invoice Amount is Due Upon Receipt						<b>Total Amount</b> 931.50																																
<b>Sold By:</b>																																						

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTE DE  
**RICHMOND**

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
Name of Claimant:	Jason MacLean	
Destination:	Westin Nova Scotia	
Purpose of Travel:	UNSM	
Departure Date/Time:	November 8/ 2:00 pm	
Return Date/Time:	November 10/ 5:00 pm	
Approval to Travel	<i>Kevin Dignall</i>	Date: <i>Sept 5, 17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	624.00	312.00	312.00			624.00
Total Cost of Mileage:	\$267.63	\$133.82	\$0.00	\$133.82	\$0.00	\$267.63
Accommodation/Hotel Name: <small>(Indicate if Direct Bill or Provide Receipt)</small>	Direct Bill					\$0.00
Meals: Breakfast \$20		\$20.00	\$20.00			\$40.00
Lunch \$25			\$25.00			\$25.00
Dinner \$30	\$30.00					\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00	\$10.00				\$20.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$173.82</b>	<b>\$30.00</b>	<b>\$178.82</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$382.63</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**  
 Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met

I confirm that I attended 80% or more of the conference I attended: Initial *JM* N/A \_\_\_\_\_

All claims are to be submitted not later than 30 days after return.

Claimant Signature: *Jason MacLean*

Date: *Nov. 14, 2017*

Travel Approved by Supervisor: *Brian Macdonald*

GL Code: \_\_\_\_\_

Goods Rec'd. Date.....	Initial.....	2
Prices Checked.....		0
Add. & Ext. Checked.....		0
Approval for Payment.....		0
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2110 210130</i>		

# Union of NS Municipalities

Suite 1304, 1809 Barrington St  
Halifax, Nova Scotia B3J 3K8

# INVOICE

Invoice No.: 5611  
Date: 11/20/2017  
Page: 1

**Sold to:**

County of Richmond  
P.O. Box 120  
Arichat, Nova Scotia  
B0E 1A0

**Ship to:**

County of Richmond  
P.O. Box 120  
Arichat, Nova Scotia  
B0E 1A0

Business No.: 108150616

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount															
3			UNSM Conference Registration 2017 Jason MacLean Alvin Martell Brian Marchand	H	455.00	1,365.00															
3			Banquet Tickets	H	65.00	195.00															
3			Carbon Offset Fee		5.00	15.00															
			H - HST 15%																		
			HST			234.00															
<div data-bbox="511 1050 1177 1354" data-label="Form"> <p style="text-align: center;">Nov 20 2017</p> <table border="1"> <tr> <td>Goods Rec'd. Date</td> <td>Initial</td> </tr> <tr> <td>Packages Checked</td> <td></td> </tr> <tr> <td>Inv. &amp; Ext. Checked</td> <td></td> </tr> <tr> <td>Approval for Payment</td> <td></td> </tr> <tr> <td>Discount Date</td> <td></td> </tr> <tr> <td>Paid by Cheque No.</td> <td>10 210 2110 210133</td> </tr> <tr> <td>Supplier's Acct. No.</td> <td>10 210 2100 210110</td> </tr> </table> <p style="text-align: right;">HST 3</p> <p style="text-align: right;">1206.00 603.00</p> </div>						Goods Rec'd. Date	Initial	Packages Checked		Inv. & Ext. Checked		Approval for Payment		Discount Date		Paid by Cheque No.	10 210 2110 210133	Supplier's Acct. No.	10 210 2100 210110		
Goods Rec'd. Date	Initial																				
Packages Checked																					
Inv. & Ext. Checked																					
Approval for Payment																					
Discount Date																					
Paid by Cheque No.	10 210 2110 210133																				
Supplier's Acct. No.	10 210 2100 210110																				
Union of NS Municipalities HST: #108150616																					
<b>Total Amount</b>						1,809.00															
<b>Comment:</b>																					

# WESTIN®

## HOTELS & RESORTS

Westin Nova Scotian  
 1181 Hollis Street  
 Halifax, NS B3H 2P6  
 Tel: 902 496-7425  
 Fax: 902 496-7978

Municipality Of Richmond  
 PO Box 120  
 2357 Main St, Hwy 206  
 Arichat, NS B0E 1A0  
 Canada  
 Attn: Boudreau Yvonne

Page Number 1  
 AR Account 7991  
 Invoice Number 60062  
 Invoice Date 11-10-2017

### INVOICE

Tax ID - 899994933 RT0001

Date	Description	Charge	Credit	Balance
11/10/17	974929/Folio ***Martell, Alvin 313			
11/07/17	Room Charge	147.00		
11/07/17	HRM Levy 2.0%	2.94		
11/07/17	HST Tax - Room 15%	22.49		
11/08/17	Room Charge	147.00		
11/08/17	HRM Levy 2.0%	2.94		
11/08/17	HST Tax - Room 15%	22.49		
11/09/17	Room Charge	147.00		
11/09/17	HRM Levy 2.0%	2.94		
11/09/17	HST Tax - Room 15%	22.49		
11/10/17	Guest Self Parking	15.00		
11/10/17	HST Tax 15% Parking	2.25		
		534.54		534.54
11/10/17	974930/Folio ***MacLean, Jason 502			
11/08/17	Room Charge			
11/08/17	HRM Levy 2.0%			
11/08/17	HST Tax - Room 15%			
11/09/17	Room Charge			
11/09/17	HRM Levy 2.0%			
11/09/17	HST Tax - Room 15%			

14	Goods Rec'd. Date	Nov 22 2017	Initial	MM
2	Price Checked			
2	Add'l Ext. Checked			
14	Approval for Payment			
	Discount Date			
2	Paid By Cheque No.	10 210 2110 210130		
34	Disbursement: Acc't. No.			

344.86 ✓

Current	Over 30	Over 60	Over 90	Balance
879.40				879.40

SCHEDULE "B"



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

TRAVEL EXPENSE CLAIM		Rate <u>\$0.4289</u>
Name of Claimant:	Jason MacLean	
Destination:	Baddeck - St. Michael's Parish Hall	
Purpose of Travel:	Physician Recruitment - Shaping Our System	
Departure Date/Time:	Wednesday December 13 at 4:00 pm	
Return Date/Time:	Wednesday December 13 at 10:00 pm	
Approval to Travel	<i>Brian Marchand</i>	Date: <i>Dec 10-20 17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	226.00	226.00				226.00
Total Cost of Mileage:	\$96.93	\$0.00	\$0.00	\$0.00	\$0.00	\$96.93
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$96.93</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$96.93</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met

I confirm that I attended 80% or more of the conference I attended: Initial        *N/A J.M.*

All claims are to be submitted not later than 30 days after return.	
Claimant Signature:	<i>Jason MacLean</i>
Date:	<i>Dec 19, 2017</i>
Travel Approved by Supervisor:	<i>Brian Marchand</i>
GL Code:	

Goods Received Date	Initial
Prices Checked	
Add. & Ext. Checked	
Approval for Payment	
Discount Date	
Paid by Cheque No.	
Distribution: Acc't. No.	<i>10 210 2110 210130</i>

**Good Afternoon:**

**A friendly reminder to register for the Shaping our system together event being held on December 13<sup>th</sup>.**

---

**Nova Scotia Health Authority wants to hear from you! Join us for a conversation on primary health care.**

**To the councils of:**

- Municipality of the County of Inverness**
- Municipality of the County of Richmond**
- Municipality of the County of Victoria**
- Potlotek First Nation**
- Town of Port Hawkesbury**
- Wagmatcook First Nation**

**Waycobah First Nation**

**Nova Scotia Health Authority wants to bring together municipal, town and First Nations leaders who are passionate about their communities for an open conversation to share where we are now, and discuss where we are going with family practice teams and primary health care.**

**Family practice teams are made up of doctors, nurse practitioners and other health providers who deliver health care in communities, including primary medical care, wellness programming and supports, and chronic disease management.**

**We would like to hear your thoughts on family practice teams. If you are interested in being part of this conversation please join us. In our endeavor to give everyone equal opportunity to participate, we ask your Council to send up to five (5) representatives.**

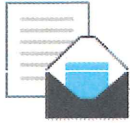
**When:** December 13, 2017  
**5:45 p.m.** arrival for a light supper (soup & sandwiches)  
**6:00-8:00 PM**

**Location:** St. Michael's Parish Hall  
511 Chebucto Street, Baddeck  
(Please see attached invitation)

**Please RSVP to [register@nshealth.ca](mailto:register@nshealth.ca) by December 6<sup>th</sup> with the following information:**

- Your name**
- The group you are representing**
- Your contact information**
- Any food allergies**

**Thank you and we look forward to having a conversation about family practice teams with you.**



**Fw: Invitation: Shaping Our System Together**

**jason maclean** to: Brian Marchand

Cc: Yvonne Boudreau

15/11/2017 08:08 PM

Hello Warden Marchand, I would like to attend this event with your and Councils approval. Please advise myself and Yvonne if we can move forward with this.

Thanks.

Jason

----- Forwarded by jason maclean/Richmond on 15/11/2017 08:00 PM -----

From: "Goodwin, Stephanie" <Stephanie.Goodwin@nshealth.ca>  
To:  
Date: 15/11/2017 03:41 PM  
Subject: Invitation: Shaping Our System Together

---

**Nova Scotia Health Authority wants to hear from you! Join us for a conversation on primary health care.**

To the councils of:       Municipality of the County of Inverness  
                                  Municipality of the County of Richmond  
                                  Municipality of the County of Victoria  
                                  Potlotek First Nation  
                                  Town of Port Hawkesbury  
                                  Wagmatcook First Nation  
                                  Waycobah First Nation

Nova Scotia Health Authority wants to bring together municipal, town and First Nations leaders who are passionate about their communities for an open conversation to share where we are now, and discuss where we are going with family practice teams and primary health care.

Family practice teams are made up of doctors, nurse practitioners and other health providers who deliver health care in communities, including primary medical care, wellness programming and supports, and chronic disease management.

We would like to hear your thoughts on family practice teams. If you are interested in being part of this conversation please join us. **In our endeavor to give everyone equal opportunity to participate, we ask your Council to send up to five (5) representatives.**

When:                    December 13, 2017  
                              5:45 p.m. arrival for a light supper (soup & sandwiches)  
                              6:00-8:00 PM

Location:              St. Michael's Parish Hall  
                              511 Chebucto Street, Baddeck  
                              (Please see attached invitation)

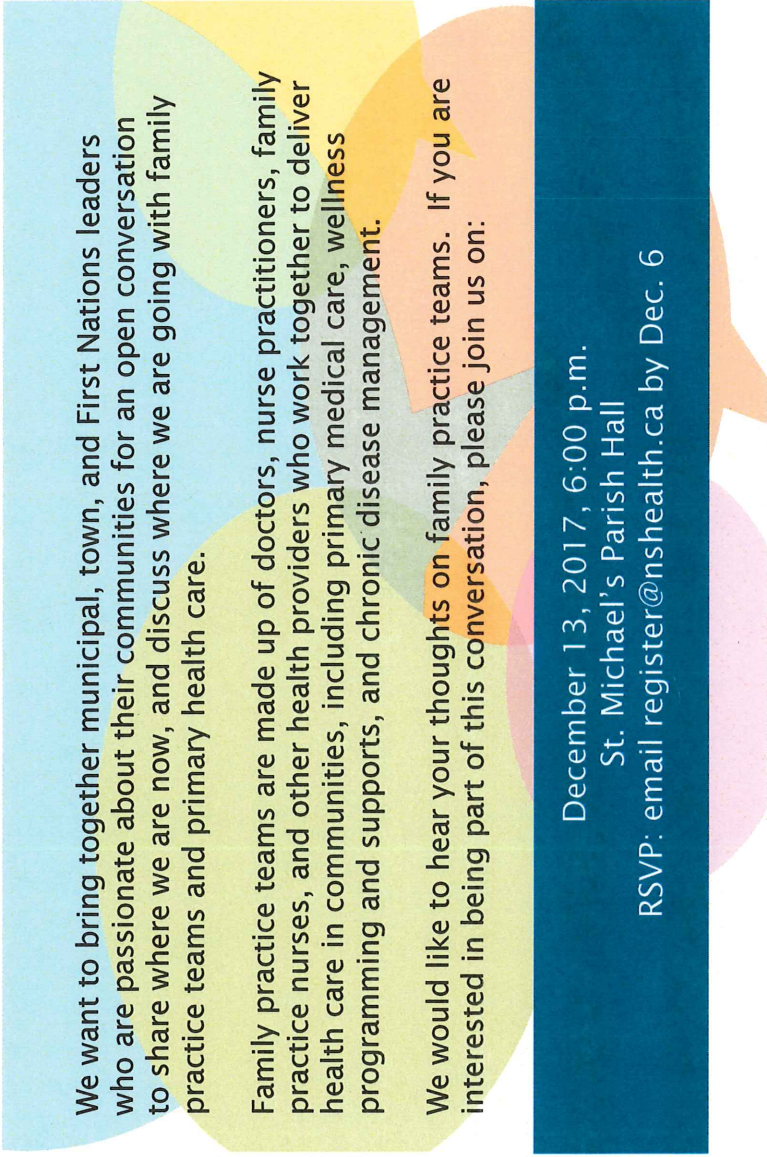
Please RSVP to [register@nshealth.ca](mailto:register@nshealth.ca) by December 6<sup>th</sup> with the following information:

Shaping our system  
**together**

A CONVERSATION WITH NOVA SCOTIANS  
ABOUT HEALTH SERVICES.



We want to hear from you! Join us for a  
conversation on primary health care.



We want to bring together municipal, town, and First Nations leaders who are passionate about their communities for an open conversation to share where we are now, and discuss where we are going with family practice teams and primary health care.

Family practice teams are made up of doctors, nurse practitioners, family practice nurses, and other health providers who work together to deliver health care in communities, including primary medical care, wellness programming and supports, and chronic disease management.

We would like to hear your thoughts on family practice teams. If you are interested in being part of this conversation, please join us on:

December 13, 2017, 6:00 p.m.

St. Michael's Parish Hall

RSVP: email [register@nshealth.ca](mailto:register@nshealth.ca) by Dec. 6



MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

**Name of Claimant:** Brian Marchand  
**Destination:** Ottawa - Ontario  
**Purpose of Travel:** 2017 FCM  
**Departure Date/Time:** May 31-2017 - 6:00 AM  
**Return Date/Time:** June 6-2017 - 12:30 AM  
**Approval to Travel:** *Henri D. Goyet* Date: June 12 - 2017 \*

Description	May-31	Jun-01	Jun-02	Jun-03	Jun-04	Jun-05	Total
Mileage: # of Km <b>3131.5 KM</b>	\$ 671.55					\$ 671.55	\$ 1,343.10
Accommodation: Hotel Name: <b>Ottawa Marriott</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>	\$ 237.44	\$ 237.44	\$ 237.44	\$ 237.44	\$ 237.44		\$ 1,187.20
Meals: Breakfast \$20	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 120.00
Lunch \$25	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 150.00
Dinner \$30	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30.00	\$ 150.00
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		\$ 50.00
Taxi/Parking/Tolls (Receipts Required)	\$					\$ 91.00	\$ 91.00
<b>Total Amount Being Claimed</b>	\$ 997.99	\$ 322.44	\$ 322.44	\$ 322.44	\$ 292.44	\$ 837.55	\$ 3,095.30

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial B.M. N/A

Meeting of Federation of Canadian Municipalities

Meetings-Conferences June 1 to June 4

All claims are to be submitted not later than 30 days after return.

Claimant Signature: Brian Marchand  
Date: June 12-2017  
Travel Approved by Supervisor: Henri D. Goyet  
GL Code: \_\_\_\_\_

*FF* date submitted to Previous CAO & Previous Dep. Wards

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	A
Add. & Ext. Checked.....	A
Approval for Payment.....	A
Discount Date.....	
Paid by Cheque No.....	
Page 1 of 1	
Distribution: Acc't. No. <u>10 210 2100 2101 10</u>	

GUEST FOLIO  
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204.00 06/05/17 07:38

10591 4527  
ACCT# GROUP

Room / Chambre Name / Nom  
NKNG

Rate / Tarif Depart / Départ Time / Heure  
05/31/17 21:17

Type  
154 XXX

Arrive / Arrivée Time / Heure

XXX NE 1111

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RWD#:

Room Clerk  
Réceptionniste

Address  
Adresse

Payment  
Paiement

DATE	REFERENCE/RÉFÉRENCE	CHARGES/FRAIS	CREDITS/CRÉDITS	BALANCE DUE/SOLDE
05/31	ROOM	527, 1 204.00		
05/31	ROOM HST	527, 1 26.52	A	
05/31	DM FEE	527, 1 6.12	J	
05/31	DMF HST	527, 1 .80	L	
06/01	ROOM	527, 1 204.00		
06/01	ROOM HST	527, 1 26.52	A	
06/01	DM FEE	527, 1 6.12	J	
06/01	DMF HST	527, 1 .80	L	
06/02	ROOM	527, 1 204.00		
06/02	ROOM HST	527, 1 26.52	A	
06/02	DM FEE	527, 1 6.12	J	
06/02	DMF HST	527, 1 .80	L	
06/03	ROOM	527, 1 204.00		
06/03	ROOM HST	527, 1 26.52	A	
06/03	DM FEE	527, 1 6.12	J	
06/03	DMF HST	527, 1 .80	L	
06/04	ROOM	527, 1 204.00		
06/04	ROOM HST	527, 1 26.52	A	
06/04	DM FEE	527, 1 6.12	J	
06/04	DMF HST	527, 1 .80	L	
06/05	CCARD-VS			1187.20
PAYMENT RECEIVED BY: VISA				XXXXXXXXXXXX0331

DESCRIPTION	TAXED AMOUNT	TAX
HST (ALMNOP)		136.60
NET CHARGES	TAX	FOLIO
1050.60	136.60	.00

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## Registration Fees

Your registration delivers tremendous value, giving you access to a wide variety of sessions, as well as study tours, meals, social events and our trade show — all for one low price.

See below for full details.

Registration type	Early bird* (April 14, 2017)	Regular*
Full Conference - Member	\$ 937.90	\$ 1,107.40
Full Conference - Non-member	\$ 1,107.40	\$ 1,310.80
Full Conference - Exhibitor / Sponsor <i>(Only current registered exhibitors / sponsors are eligible for these fees)</i>	\$ 711.90	\$ 836.20
Students	\$ 224.87	\$ 224.87

Credit card only (VISA, AMEX or MasterCard)  
\* All prices now include 13% HST.

### Taxes

The Canada Revenue Agency (CRA) has determined that the legal status of FCM must change from charitable to not-for-profit. This change in legal status results in taxable registration fees for FCM conferences. In keeping with not-for-profit regulations, registration fees are taxed based on the location where the conference is held. In 2017, the conference is being held in Ontario and the applicable 13% is being applied. Each municipality is entitled to claim the

applicable input tax credit (ITC).

### Full conference participants

Your badge gives you access to:

- All sessions, workshops and plenaries.
- Two study tours and the trade show.
- Daily breakfasts, refreshment breaks and lunches.
- The Trade Show Opening Reception, the Mayor's Welcome Reception and the Gala Dinner event.
- Networking opportunities and more.

**Optional event:** Round out your experience at the Annual Conference by attending the Saturday morning Women's Breakfast (Fundraiser) organized by the Standing Committee on Increasing Women's Participation in Municipal Government. Tickets for this optional event must be purchased separately.

### Students

Your registration provides access to all sessions, workshops, plenaries, two study tours, breakfasts, lunches and the trade show. Tickets for social events and companion tours **MUST** be purchased separately.

**Important:** all students must be full-time students and show proper proof of current enrollment (student ID) when they register.

### Companions

Your registration gives you access to your purchased companion tours and to the trade show on Friday and Saturday from 10-11 a.m. only. Companions do not have access to workshops, plenaries or study tours. Tickets for social events **MUST** be purchased separately; otherwise access will not be granted. Badges will be scanned at all entrances.

### Child Minding Services

Delegates will be able to take advantage of child minding services that will be provided, for the first time, at the 2017 Annual Conference and Trade Show. To take advantage of the services, delegates will be asked to register as part of the conference registration process. FCM staff will follow up with delegates who have registered for the services to complete all appropriate forms as needed by the Child Minding Services provider.

**Child Minding Registration Fees**

- Full Conference: \$70.00 + HST per child
- Daily: \$30.00 + HST per child

**Carbon Offset Fees**

In keeping with FCM's efforts to reduce the environmental impact of its events, all registrations automatically include an optional carbon offset fee to offset greenhouse gas (GHG) emissions from air travel to the conference. The fee is calculated based on a return flight from the most populous city in your province to the conference location — Ottawa. 100% of this fee will be paid to Carbonzero and invested in a Canadian project that permanently retires GHG emissions. The fee is optional and if you wish to opt out from participating, simply select "Remove from Cart" next to the carbon offset fee in your shopping cart when confirming registration.

**Shopping Cart**

Items in your shopping cart will be available for 24-hours only. After that period, all items will be released.

**Read our Terms and Conditions.**

For more information or questions, contact us:

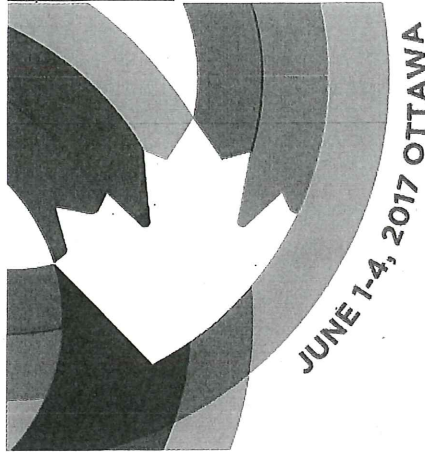
**FCM Conference Registration**

24 Clarence Street, Ottawa, ON, K1N 5P3  
[register@fcm.ca](mailto:register@fcm.ca) | T: 613-907-6212 | F: 613-244-1500

Page Updated: 09/02/2017  
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K1N 5P3  
T. 613-241-5221  
F. 613-241-7440  
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FCM's 2017 Annual Conference  
and Trade Show

# SHAPING CANADA'S FUTURE

## Workshop Presentations

**Friday, June 2, 11 - 12:30 pm**

**Workshop: Save Money: Build for Low Carbon and Climate Resilience**

- [The Power of Procurement](#)
- [Heidi Nesbitt, Local Practice Architecture + Design](#)
- [Pavement Survey](#)

**Workshop: Innovative Solutions to Municipal Economic Challenges**

- [Prince George and the Future Forest Industry](#)
- [Revitalizing rural economy through innovative solutions](#)
- [Forest Products Association of Canada](#)
- [Philips Lighting](#)

**Friday, June 2, 3:30 - 5 pm**

**Workshop: #FCMInnovation: Making Choices that Matter to Citizens**

- [#FCMInnovation](#)

**Workshop: Municipal Asset Management: Why and How to Make it a Priority**

- [Municipal Asset Management Program](#)
- [Municipalité de Chelsea \(in French only\)](#)
- [Parcours de la gestion des biens de Fredericton \(in French only\)](#)

**Saturday, June 3, 11 - 12:30 pm**

**Workshop: As an Elected Official, What Is My Role in Stakeholder Engagement?**

- [Governance Solutions and Best Practices in Stakeholder Engagement](#)

**Saturday, June 3, 3:30 - 5 pm**

**Workshop: Youth Forum: How Young Elected Officials Are Changing Our Communities**

- [Youth Forum: How Young Elected Officials Are Changing Our Communities](#)

We will continue to add presentations as they become available. Check back for more resources!

Page Updated: 09/06/2017  
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Class 2		
Price	CAD	4.00
TOTAL	CAD	4.00
CASH	CAD	4.00

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OTTAWA  
RECEIPT C3

ENTRY TIME:  
05/31/17 21:24  
EXIT TIME:  
06/05/17 07:51  
PARK-DUR.: HRS:MIN  
4:10:27  
AMOUNT:  
\$ 87.00

KIND OF PAYMENT:  
VISA  
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XXXXX

REF. 77

THANK YOU FOR YOUR  
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THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Antigonish Council Chambers
Purpose of Travel:	Mayors & Wardens
Departure Date/Time:	Oct 12-2017 - 8:00 AM
Return Date/Time:	Oct 12, 2017 - 2:00 PM
Approval to Travel	<i>Lois D:geat</i> Date: <i>Oct 10-17</i>

Description	Oct 2-17						Total
Mileage: # of Km 172 KM	\$ 73.77						\$ 73.77
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast \$20							\$ -
Lunch \$25	\$ 25.00						\$ 25.00
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 98.77						\$ 98.77

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial BM N/A

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All claims are to be submitted not later than 30 days after return.

Claimant Signature: Brian Marchand

Date: Nov 6/2017

Travel Approved by Supervisor: Lois D:geat

GL Code: \_\_\_\_\_

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....		

1450 3

## **Strait Area Mayors & Wardens Meeting**

**Date:** Thursday, October 12  
**Time:** 10:00 AM  
**Location:** Town Council Chambers  
274 Main Street, Antigonish, NS

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### **AGENDA**

1. Meeting Call to Order
2. Welcome Guests
3. Additions/Approval of Agenda
  - Property Valuation Services Corporation (PVSC) Proposed Closure; Port Hawkesbury
4. Strait Area Ground Search & Rescue (Presentation)
5. Approval of Minutes
  - Mayors and Wardens Meeting – May 4, 2017
6. Lack of Representation on the Provincial Health Board – Warden Vernon Pitts
7. Subcommittee Report Update – Invitation to First Nations Communities and Victoria County
8. Port Development/Marketing (Update)
9. Emergency Measures Organization – Canso Causeway – Mayor Brenda Chisholm-Beaton
10. Additions to Agenda
11. Municipal Updates
12. Adjournment



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTÉ DE  
**RICHMOND**

**MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM**

<b>Name of Claimant:</b>	Brian Marchand
<b>Destination:</b>	Port Hawkesbury Maritime Inn
<b>Purpose of Travel:</b>	Strait Area Chamber Grant Thornton Info Session
<b>Departure Date/Time:</b>	Oct 13-2017 - 8:30 AM
<b>Return Date/Time:</b>	Oct 13-2017 - 10:30 AM
<b>Approval to Travel</b>	<i>Kevin D. Gault</i> <b>Date:</b> <i>Oct 10. 17</i>

Description	Day 1						Total
<b>Mileage: # of Km</b> 54 KM	\$ 23.16						\$ 23.16
<b>Accommodation:</b>							
<b>Hotel Name:</b>							
<i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast      \$20							\$ -
Lunch      \$25							\$ -
Dinner      \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
<b>Total Amount Being Claimed</b>	\$ 23.16						\$ 23.16

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended:      Initial BM      N/A

Chamber event

Info on new Federal Tax changes

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature: Brian Marchand

Date: Nov 6 / 2017

Travel Approved by Supervisor: Kevin D. Gault

GL Code: \_\_\_\_\_

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No.....	<u>10 210 2100 210110</u>

HSF 3



MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	SAT Board Room
Purpose of Travel:	SAT Organisational Review Interview
Departure Date/Time:	Oct 17-2017 - 3:15 PM
Return Date/Time:	Oct 17-2017 - 4:00 PM
Approval to Travel	<i>Louis Digeant</i> Date: <i>Oct 10-17</i>

Description	Day 1						Total
Mileage: # of Km 54 KM	\$ 23.16						\$ 23.16
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast \$20							\$ -
Lunch \$25							\$ -
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 23.16						\$ 23.16

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial *BM* N/A

*Meeting with consultant over review of the organization of Sat.*

All claims are to be submitted not later than 30 days after return.

Claimant Signature: *Brian Marchand*

Date: *Nov 6 - 2017*

Travel Approved by Supervisor: *Louis Digeant*

GL Code:

Goods Rec'd. Date.....	Initial.....	<i>D</i>
Prices Checked.....		<i>D</i>
Add. & Ext. Checked.....		<i>D</i>
Approval for Payment.....		<i>D</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10.210.2100.210110</i>		

*HSF 3*



MUNICIPALITY OF THE COUNTY OF RICHMOND  
 TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Baddeck - Inverary Inn
Purpose of Travel:	CB Local Immigration Partnership
Departure Date/Time:	Oct 31-2017 - 7:00 AM
Return Date/Time:	Oct 31-2017 - 2:00 PM
Approval to Travel	<i>Louise Digeant</i> Date: <i>Oct 24.17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 220 KM	\$ 94.36					\$ 94.36
Accommodation: Hotel Name: Inverary Inn <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$ -
Meals: Breakfast \$20						\$ -
Lunch \$25	\$ 25.00					\$ 25.00
Dinner \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 119.36	\$ -	\$ -	\$ -	\$ -	\$ 119.36

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial BM N/A

All claims are to be submitted not later than 30 days after return.

Claimant Signature: Brian Marchand

Date: Nov 6-2017

Travel Approved by Supervisor: Louise Digeant

GL Code: \_\_\_\_\_

Goods Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....		<u>A</u>
Add. & Ext. Checked.....		<u>A</u>
Approval for Payment.....		<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 210 2100 210110</u>		



**CBLIP Council**

**Meeting #1: Building the Foundation**

October 31, 2017

9am-11am

Glasgow 1, Inverary Resort, Baddeck

**Purpose:**

- To welcome and introduce CBLIP Council members
- To review the context of immigration in Cape Breton
- To present the Local Immigration Partnership model, the history of the CBLIP and the role of the CBLIP Council
- To gather feedback on the Terms of Reference

Agenda		
Time	Topic	
8:45 am	Arrival and Refreshments	
9:00 am	Welcome	Kailea Pedley, CBLIP Coordinator Keith MacDonald, President and CEO, Cape Breton Partnership
9:05 am	Introductions	
9:35 am	The Cape Breton Context	Erika Shea, New Dawn
9:55 am	The LIP Model	
10:05 am	History of the CBLIP & Role of the Council	
10:15 am	Break	
10:25 am	Terms of Reference	
10:35 am	Next Steps	
10:40 am	Lingering Questions	
10:55 am	Closing	
	Headshots	

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THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTÉ DE  
**RICHMOND**

**MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM**

<b>Name of Claimant:</b>	Brian Marchand
<b>Destination:</b>	Halifax - Westin
<b>Purpose of Travel:</b>	UNSM
<b>Departure Date/Time:</b>	Nov 7-2017 - 2:30 PM
<b>Return Date/Time:</b>	Nov 10-2017 - 8:00 PM
<b>Approval to Travel</b>	<i>Kevin Digeant</i> Date: <i>Oct 30, 17</i>

Description	Nov-07	Nov-08	Nov-09	Nov-10		Total
Mileage: # of Km      622 KM	\$ 133.39			\$ 133.39		\$ 266.78
Accommodation: Hotel Name:      Westin Hotel						
(Indicate if Direct Bill or Provide Receipt)	\$ 178.18	\$ 178.18	\$ 178.18			\$ 534.54
Meals: Breakfast    \$20		\$ 20.00	\$ 20.00	\$ 20.00		\$ 60.00
Lunch      \$25				\$ 25.00		\$ 25.00
Dinner     \$30	\$ 30.00	\$ 30.00				\$ 60.00
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)	\$ 10.00	\$ 10.00	\$ 10.00			\$ 30.00
Taxi/Parking/Tolls (Receipts Required)	\$ 1.00					\$ 1.00
<b>Total Amount Being Claimed</b>	<b>\$ 352.57</b>	<b>\$ 238.18</b>	<b>\$ 208.18</b>	<b>\$ 178.39</b>	<b>\$ -</b>	<b>\$ 977.32</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended:      Initial BM      N/A

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>Nov 14 / 2017</i>
Travel Approved by Supervisor:	<i>Kevin Digeant</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2100 21011</i>	<i>0</i>

# PROGRAM AT A GLANCE (At the Time of Printing)

(All sessions and events take place at the Westin Nova Scotian Hotel)

## TUESDAY, November 7<sup>th</sup>

2:00 p.m. – 8:00 p.m. 7:00 p.m. – 8:30 p.m.	Registration Open Meet & Greet	Mezzanine Commonwealth A
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## WEDNESDAY, November 8<sup>th</sup>

8:00 a.m. – 9:15 a.m.	<b>Opening:</b> <ul style="list-style-type: none"> <li>Remarks by Chair of the Conference Planning Committee – Councillor Geoff Stewart, County of Colchester</li> <li>Remarks by Premier McNeil (TBC)</li> <li>Greetings from Halifax Regional Municipality</li> <li>Greetings from Mr. Alain Muise, President of AMANS</li> <li>Remarks by UNSM President Laurie Murley</li> <li>Presentation of Climate Change Leaders Award and Carbon Surcharge Fund Recipients</li> <li>Presentation of UNSM Long Service Awards</li> </ul>	Atlantic Ballroom
9:15 a.m. – 10:15 a.m.	<b>Keynote Address: How Council Can Manage Expectations &amp; Successfully Communicate their Strategic Decisions to the Public - Ms. Christina Benty, Leadership Solutions - Sponsored by CUPENS</b>	Atlantic Ballroom
10:45 a.m. – 11:45 a.m.	<b>Break/Viewing of Exhibits - Sponsored by CN</b>	Mezzanine & Commonwealth B
	<b>Concurrent Sessions: (Attend 1 of 2)</b> <ul style="list-style-type: none"> <li>The Role of Council in Asset Management Planning</li> <li>Nature Conservancy of Canada's Freshwater Conservation Blueprint</li> </ul>	Atlantic Ballroom Harbour Suites A & B - Lower Level Commonwealth A
11:55 a.m. – 12:55 a.m.	<b>Delegates' Luncheon</b> <i>Sponsored by Nova Scotia Municipal Finance Corporation</i>	
1:00 p.m. – 1:45 p.m. 1:45 p.m. – 3:00 p.m.	<b>Annual General Meeting &amp; Report of Nominating Comm. Caucus Meetings &amp; Elections</b> <ul style="list-style-type: none"> <li>Regional Caucus</li> <li>Rural Caucus</li> <li>Towns Caucus</li> </ul>	Atlantic Ballroom Seaport Room - Lower Level Atlantic Ballroom Harbour Suites - Lower Level Mezzanine & Commonwealth B
3:00 p.m. – 3:30 p.m.	<b>Break/Viewing of Exhibits - Sponsored by CN</b>	Mezzanine & Commonwealth B
3:30 p.m. – 4:15 p.m. 4:45 p.m. –	<b>Caucus Meetings &amp; Elections Continued... Optional Activities – for those who pre-registered</b> <ul style="list-style-type: none"> <li>YOGA</li> <li>Tour of Halifax City Hall</li> </ul>	Same Locations Fundy Room Halifax City Hall, 1841 Argyle St.; Meet in Lobby of City Hall

## THURSDAY, November 9<sup>th</sup>

8:00 a.m. – 9:00 a.m. 9:00 a.m. – 9:30 a.m. 9:30 a.m. – 10:15 a.m. 10:15 a.m. – 10:45 a.m.	<b>Municipal Success Stories FCM Update UNSM Resolutions/Strategic Plan Break/Viewing of Exhibits</b>	Atlantic Ballroom Atlantic Ballroom Atlantic Ballroom Mezzanine & Commonwealth B
10:45 a.m. – 12:00 p.m. 12:00 p.m. – 1:00 p.m. 1:15 p.m. – 2:00 p.m. 2:00 p.m. – 3:00 p.m.	<b>UNSM Resolutions/Strategic Plan Delegates' Luncheon PVSC Update Rural Transportation in Nova Scotia and Its Links to Active Transportation Break/Viewing of Exhibits</b>	Atlantic Ballroom Commonwealth A Atlantic Ballroom Atlantic Ballroom
3:00 p.m. – 3:30 p.m.		Mezzanine & Commonwealth B
3:30 p.m. – 4:00 p.m.	<b>Honourable Derek Mombourquette</b> Minister of Municipal Affairs, Province of Nova Scotia	Atlantic Ballroom
4:00 p.m. – 5:00 p.m. 6:15 p.m. 7:00 p.m. – 9:00 p.m.	<b>Ministers' Panel Reception Banquet</b> <i>Sponsored by Frank Cowan Company Limited</i>	Atlantic Ballroom Mezzanine Commonwealth Ballroom
9:00 p.m. – 11:00 p.m.	<b>Dance – Bluesmobile</b>	Commonwealth Ballroom

## FRIDAY, November 10<sup>th</sup>

8:00 a.m. – 9:00 a.m. 9:00 a.m. – 10:00 a.m.	<b>Engage Nova Scotia Concurrent Workshops: (Attend 1 of 2)</b> <ul style="list-style-type: none"> <li>The Sharing Economy and Local Government: Disruption Ahead</li> <li>Future of Agriculture</li> </ul>	Atlantic Ballroom Commonwealth A
10:10 a.m. – 11:10 a.m. 11:10 a.m.	<b>Rural High-Speed Internet Grand Prize Draw &amp; Conference Wrap Up</b>	Atlantic Ballroom Atlantic Ballroom

Westin Nova Scotian  
 1181 Hollis Street  
 Halifax, NS B3H 2P6  
 Canada  
 Tel: 902 421-1000 Fax: 902 422-9465



Brian Marchand  
 Union Of Nova Scotia Municipal  
 483 HIGHWAY 320  
 LOUISDALE, NS, B0E 1V0  
 UK03AA - Union of Nova Scotia Munic Att

Page Number : 2 Invoice Nbr : 429545  
 Guest Number : 974928  
 Folio ID : D  
 Arrive Date : 07-NOV-17 18:58  
 Depart Date : 10-NOV-17 11:45  
 No. Of Guest : 1  
 Room Number : 254  
 Club Account : SPG - A0920  
 AR Account : 7991 - Municipality Of Richmond

061248 484.54

\*\* Total 534.54 -534.54  
 \*\*\* Balance , 0.00

I agreed to pay all room & incidental charges.

As a Starwood Preferred Guest you have earned at least 0 Starpoints for this visit A0920

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room/Levy	Fd & Bev	Gratuity	Taxes	Other	Total	Payment
11-07-2017	149.94	0.00	0.00	23.24	5.00	178.18	0.00
11-08-2017	149.94	0.00	0.00	23.24	5.00	178.18	0.00
11-09-2017	149.94	0.00	0.00	23.24	5.00	178.18	0.00
11-10-2017	0.00	0.00	0.00	0.00	0.00	0.00	-534.54
<b>Signature</b>	<b>449.82</b>	<b>0.00</b>	<b>0.00</b>	<b>69.72</b>	<b>15.00</b>	<b>534.54</b>	<b>-534.54</b>

Halifax-Dartmouth  
Bridge Commission

A. Murray Mackay

Lane: 14 Collector: 00349  
Tue 7 Nov 2017 18:23:34

TOLL RECEIPT

CLASS 1

TOTAL PAID: \$1.00

Re: Nov 1 & 2 & UNSM

ldigout@richmondcounty.ca

Mon 2017-10-30 1:54 PM

To: Brian <brianmarchand@hotmail.com>;

Of course. Likewise, I'm not sure what the policy is, but I hope you approve of my attending Nov 1/2 meeting.

Regarding Nov 1/2, David & Ann from Greenseaweed wish to meet so I'll try set up a meeting for late Tuesday.

Louis

From: Brian <brianmarchand@hotmail.com>  
To: Louis Digout <ldigout@richmondcounty.ca>  
Date: 30/10/2017 12:13 PM  
Subject: Nov 1 & 2 & UNSM

---

Can u give me pre authorization to attend both events?

Thanks.

Brian

# Union of NS Municipalities

Suite 1304, 1809 Barrington St  
Halifax, Nova Scotia B3J 3K8

# INVOICE

Invoice No.: 5611  
Date: 11/20/2017  
Page: 1

**Sold to:**

County of Richmond  
P.O. Box 120  
Arichat, Nova Scotia  
B0E 1A0

**Ship to:**

County of Richmond  
P.O. Box 120  
Arichat, Nova Scotia  
B0E 1A0

Business No.: 108150616

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount														
			UNSM Conference Registration 2017																	
		3	Jason MacLean Alvin Martell Brian Marchand	H	455.00	1,365.00														
		3	Banquet Tickets	H	65.00	195.00														
		3	Carbon Offset Fee		5.00	15.00														
			H - HST 15%																	
			HST			234.00														
<div data-bbox="503 1071 1185 1386" data-label="Form"> <p style="text-align: right; margin-right: 20px;">17</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Goods Rec'd. Date: <u>Nov 20 17</u></td> <td>Initial: <u>MM</u></td> </tr> <tr> <td>Prices Checked.....</td> <td><u>h</u></td> </tr> <tr> <td>Inv. &amp; Ext. Checked.....</td> <td><u>A</u></td> </tr> <tr> <td>Approval for Payment.....</td> <td><u>A</u></td> </tr> <tr> <td>Discount Date.....</td> <td></td> </tr> <tr> <td>Paid by Cheque No. <u>10 210 2110 21013</u></td> <td>\$ <u>1206.00</u></td> </tr> <tr> <td>Substitution: Acct. No. <u>10 210 2100 21011</u></td> <td>\$ <u>603.00</u></td> </tr> </table> <p style="text-align: right; margin-right: 20px;">HST 3</p> </div>							Goods Rec'd. Date: <u>Nov 20 17</u>	Initial: <u>MM</u>	Prices Checked.....	<u>h</u>	Inv. & Ext. Checked.....	<u>A</u>	Approval for Payment.....	<u>A</u>	Discount Date.....		Paid by Cheque No. <u>10 210 2110 21013</u>	\$ <u>1206.00</u>	Substitution: Acct. No. <u>10 210 2100 21011</u>	\$ <u>603.00</u>
Goods Rec'd. Date: <u>Nov 20 17</u>	Initial: <u>MM</u>																			
Prices Checked.....	<u>h</u>																			
Inv. & Ext. Checked.....	<u>A</u>																			
Approval for Payment.....	<u>A</u>																			
Discount Date.....																				
Paid by Cheque No. <u>10 210 2110 21013</u>	\$ <u>1206.00</u>																			
Substitution: Acct. No. <u>10 210 2100 21011</u>	\$ <u>603.00</u>																			
Union of NS Municipalities HST: #108150616																				
<b>Total Amount</b>						<b>1,809.00</b>														
<b>Comment:</b>																				



THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTÉ DE

# RICHMOND

## MUNICIPALITY OF THE COUNTY OF RICHMOND TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury Civic Center
Purpose of Travel:	Chamber Awards Dinner
Departure Date/Time:	Nov 15-2017 - 5:00 PM
Return Date/Time:	Nov 15-2017 - 9:00 PM
Approval to Travel	<i>Kevin D. Gault</i> Date: <i>Nov 9, 17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 54 KM	\$ 23.16	\$ -	\$ -	\$ -	\$ -	\$ 23.16
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$ -
Lunch \$25						\$ -
Dinner \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 23.16					\$ 23.16

### Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial *BM* N/A

Chamber Fall Awards Dinner	

All claims are to be submitted not later than 30 days after return.

Claimant Signature:

*Brian Marchand*

Date:

*Dec 5/2017*

Travel Approved by Supervisor:

*Kevin D. Gault*

GL Code:

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2100 210110</i>		



MUNICIPALITY OF THE COUNTY OF RICHMOND  
 TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	SAT Board Room
Purpose of Travel:	SAT In-Camera & Reg Board Meeting
Departure Date/Time:	Nov 15-2017 - 1:00 PM
Return Date/Time:	Nov 15-2017 - 3:00 PM
Approval to Travel	<i>Brian Digeant</i> Date: <i>Nov 9-17</i>

Description	Day 1						Total
Mileage: # of Km 54 KM	\$ 23.16						\$ 23.16
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast \$20							\$ -
Lunch \$25							\$ -
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 23.16						\$ 23.16

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial BM N/A

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---



---

All claims are to be submitted not later than 30 days after return.

Claimant Signature: Brian Marchand

Date: Dec 5/2017

Travel Approved by Supervisor: Brian Digeant

GL Code: \_\_\_\_\_

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 210 2100 210 10</u>		

HST 3



<jessie@satbus.ca>  
10/11/2017 03:35 PM

To "Jim Mustard" <jim\_mustard@hotmail.com>,  
bmarchand@richmondcounty.ca, "Jeremy White"  
<jwhite@townofph.ca>, bchisholmbeaton@townofph.ca,

cc

bcc

Subject Board Meeting

Just a reminder our Board Meeting will be Wednesday November 15, 2017 in the SAT Boardroom at 2pm (In Camera meeting to happen just prior at 1pm)

Thanks,  
Jessie.



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury Civic Center
Purpose of Travel:	One Cape Future Forward Leaders Summit
Departure Date/Time:	Nov 23-2017 - 5:30 PM
Return Date/Time:	Nov 23-2017 - 9:30 PM
Approval to Travel	<i>Kevin D. Gault</i> Date: <i>Nov 20-17</i>

Description	Day 1						Total
Mileage: # of Km 54 KM	\$ 23.16						\$ 23.16
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast \$20							\$ -
Lunch \$25							\$ -
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 23.16						\$ 23.16

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial BM N/A

Dinner-Keynote Speaker-Start-up Port Hawkesbury Announcement

All claims are to be submitted not later than 30 days after return.

Claimant Signature: *Brian Marchand*

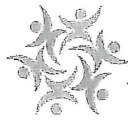
Date: *NOV 27/2017*

Travel Approved by Supervisor: *Kevin D. Gault*

GL Code:

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2100 21011</i>	<i>0</i>

*HST 3*



One Cape Breton

Future Forward Leaders Summit



# Agenda

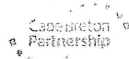
Thursday, November 23

- 09:00 a.m. Registration Opens (PHCC Front Entrance)
- 10:00 a.m. Welcome & Opening (Shannon Studio)
- 10:35 a.m. *Where are we now?* Audience response system voting and table discussions (Shannon Studio)
- 12:15 p.m. Lunch (Believer's Hall/Shannon Studio)
- 1:00 p.m. Panel Discussion – *Mi'kmaw & Municipal Relationships*  
Presentations by Stephen Googoo & Jim Mustard and Eldon MacDonald & Chief Terry Paul (Shannon Studio)
- 2:00 p.m. Two rounds of small group discussions on topics determined by participants and report back (Shannon Studio)
- 4:00 p.m. Reception (PHCC Concourse)
- 5:30 p.m. Dinner (Bear Head Room)  
Keynote Speaker: Senator Dan Christmas
- 7:30 p.m. Start Up Port Hawkesbury (Bear Head Room)  
Final round of presentations and announcement of the winner  
Guest judges: Senator Dan Christmas, Tareq Hadhad (Peace by Chocolate), Tracey Cummings, Danielle MacDonald, Wayne MacKay
- 8:30 p.m. Reception (PHCC Concourse)

Friday, November 24

- 10:00 a.m. Small group conversations on key issues identified on Day 1 (Shannon Studio)
- 11:15 a.m. Report back and Dotmocracy exercise (Shannon Studio)
- 12:00 p.m. Lunch (Believer's Hall/Shannon Studio)
- 12:45 p.m. Next steps and commitments  
Closing remarks & Thank you
- 2:00 p.m. Drumming (Michael R. Denny)

The Town of Port Hawkesbury gratefully acknowledges the contributions from its sponsors





THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

OF THE COUNTY OF RICHMOND MUNICIPALITY TRAVEL  
**EXPENSE CLAIM**

<b>Name of Claimant:</b>	Brian Marchand
<b>Destination:</b>	Syndey - New Dawn Building
<b>Purpose of Travel:</b>	CB Local Immigration Partnership
<b>Departure Date/Time:</b>	Dec 12-2017 - 8:00 AM
<b>Return Date/Time:</b>	Dec 12-2017 - 3:00 PM
<b>Approval to Travel</b>	<i>hoir D: gent</i> Date: <i>Nov. 30.17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km      221 KM	\$ 94.79					\$ 94.79
Accomodation: Hotel Name:      Inverary Inn <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$ -
Meals: Breakfast      \$20						\$ -
Lunch      \$25	\$ 25.00					\$ 25.00
Dinner      \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
<b>Total Amount Being Claimed</b>	\$ 119.79	\$ -	\$ -	\$ -	\$ -	\$ 119.79

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended:      Initial BM      N/A

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>Dec 15-2017</i>
Travel Approved by Supervisor:	<i>hoir D: gent</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2100 210110</i>	

## Re: CBLIP meeting

ldigout@richmondcounty.ca

Thu 2017-11-30 2:05 PM

To: Brian <brianmarchand@hotmail.com>;

Yes,

Thank you,

Louis

From: Brian <brianmarchand@hotmail.com>  
To: Louis Digout <ldigout@richmondcounty.ca>  
Date: 30/11/2017 01:59 PM  
Subject: CBLIP meeting

---

Requesting permission to attend the CBLIP meeting Dec 12-2017 in Sydney?

Thanks.

Brian



**CBLIP Council**

**Meeting #2: Setting Our Course**

December 12, 2017

10am – 12pm

Community Room, New Dawn Centre for Social Innovation, Sydney

**Purpose:**

- To finalize the Terms of Reference
- To review the CBLIP Logic Model and discuss strategies for research and communication
- To brainstorm current services for newcomers in Cape Breton
- To elect CBLIP Council Co-Chairs

Time	Topic
9:45 am	Arrival and Refreshments
10:00 am	Welcome & Check In
10:20 am	Finalizing of Terms of Reference
10:30 am	Review of Logic Model (Years 1 – 2)
10:35 am	Review of Proposed Research Strategy
10:50 am	Discussion of CBLIP Communication Tools
11:00 am	Discussion of Kick Off Project
11:15 am	Break
11:25 am	Group Brainstorm: Current Services for Newcomers
11:40 am	Election of Co-Chairs
11:50 am	2018 Meeting Schedule & Reminders
11:55 am	Closing

Funded by:

Financé par :



Immigration, Refugees  
and Citizenship Canada

Immigration, Réfugiés  
et Citoyenneté Canada





THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTE DE RICHMOND

OF THE COUNTY OF RICHMOND

MUNICIPALITY TRAVEL

EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Baddeck - St. Micheal's Parish Hall
Purpose of Travel:	Nova Scotia Health Authority
Departure Date/Time:	Dec 13-2017 - 3:45 PM
Return Date/Time:	Dec 13-2017 - 9:40 PM
Approval to Travel	<i>Kevin Digeant</i> Date: <i>Nov. 30/17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km      238 KM	\$ 102.08					\$ 102.08
Accommodation: Hotel Name:      Inverary Inn <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$ -
Meals: Breakfast    \$20						\$ -
Lunch        \$25						\$ -
Dinner      \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 102.08	\$ -	\$ -	\$ -	\$ -	\$ 102.08

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended:      Initial BM      N/A

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All claims are to be submitted not later than 30 days after return.	
Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>Dec 15-2017</i>
Travel Approved by Supervisor:	<i>Kevin Digeant</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>BM</i>
Prices Checked.....		<i>BM</i>
Add. & Ext. Checked.....		<i>BM</i>
Approval for Payment.....		<i>BM</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>102102100 210110</i>		

## Re: NS Health Session

ldigout@richmondcounty.ca

Mon 2017-12-11 2:11 PM

To: Brian <brianmarchand@hotmail.com>;

Yes, of course. Also, we previously did CBLIP(Nov 30)

thanks

Louis

From: Brian <brianmarchand@hotmail.com>  
To: Louis Digout <ldigout@richmondcounty.ca>  
Date: 11/12/2017 02:01 PM  
Subject: NS Health Session

---

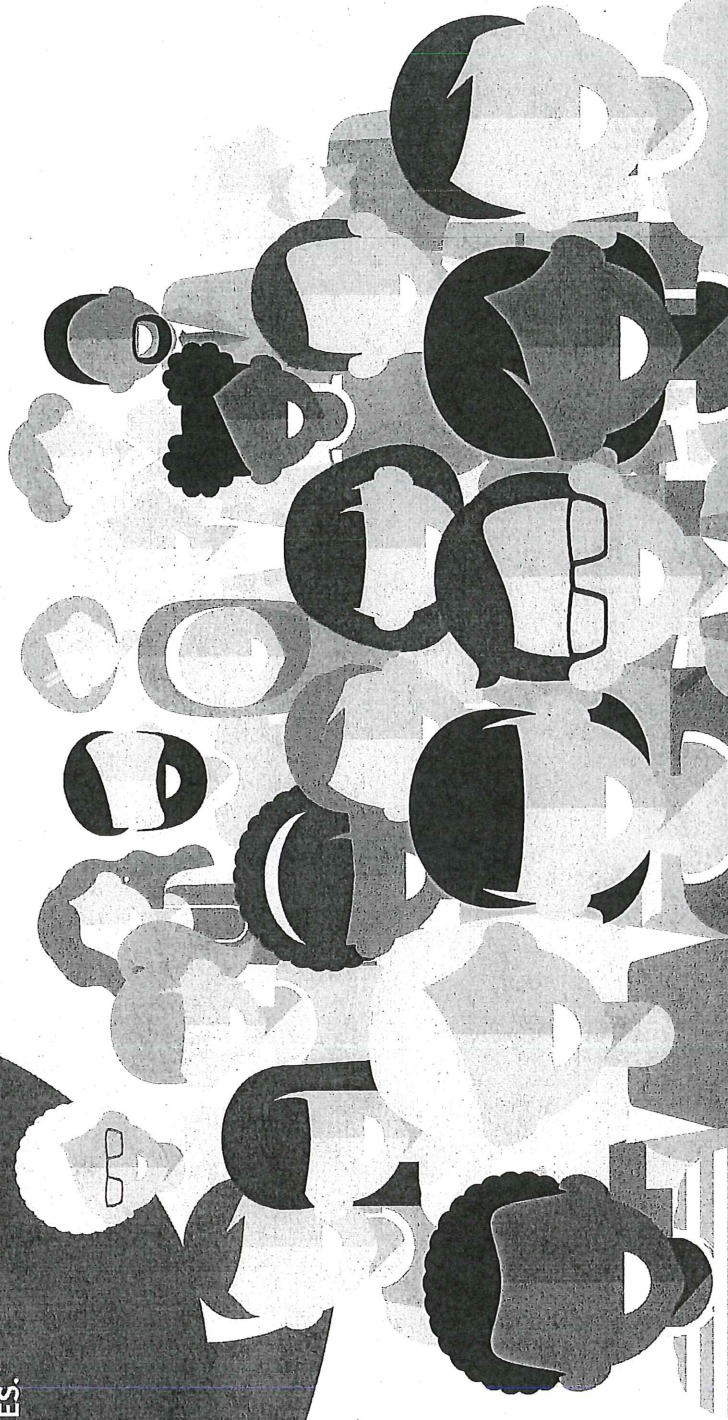
Looking for permission to attend the NS Health presentation in Baddeck on Dec 13-2017?

Thanks.

Brian

# Shaping our system together

A CONVERSATION WITH NOVA SCOTIANS  
ABOUT HEALTH SERVICES.



We want to hear from you! Join us for a  
conversation on primary health care.

we want to bring together municipal, town, and First Nations leaders who are passionate about their communities for an open conversation to share where we are now, and discuss where we are going with family practice teams and primary health care.

Family practice teams are made up of doctors, nurse practitioners, family practice nurses, and other health providers who work together to deliver high quality care in communities, including primary medical care, wellness programming and supports, and chronic disease management.

We would like to hear your thoughts on family practice teams. If you are interested in being part of this conversation, please join us on:

December 13, 2017, 6:00 p.m.

St. Michael's Parish Hall

RSVP: email [register@nshealth.ca](mailto:register@nshealth.ca) by Dec. 6

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

**TRAVEL EXPENSE CLAIM**

Rate **\$0.4289**

Name of Claimant:	Sharla Sampson
Destination:	Mic Mac Aquatic Centre, Dartmouth
Purpose of Travel:	Physical Activity Practioners Exchange
Departure Date/Time:	December 8, 2017 @ 6:00 am
Return Date/Time:	December 8, 2017 @ 7:00 pm

Approval to Travel *attached* Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): <b>624.00</b>	624.00					624.00
Total Cost of Mileage: <b>\$267.63</b>	\$267.63	\$0.00	\$0.00	\$0.00	\$0.00	\$267.63
Accommodation/Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20	\$20.00					\$20.00
Lunch \$25						\$0.00
Dinner \$30	\$30.00					\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$317.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$317.63</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended: Initial SS N/A \_\_\_\_\_

All claims are to be submitted not later than 60 days after return.

Claimant Signature: Sharla Sampson

Date Submitted: 12/11/17

Travel Approved by Supervisor: [Signature]

GL Code: 102704120 270130

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't No. <u>102704120 270130</u>	

