



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

NAME: Chris Boudreau

PERIOD COVERED: FROM: April 4, 2017 TO: April 4, 2017

PURPOSE OF TRAVEL CLAIM:
Nova Scotia Solid Waste Managers and Directors Meeting in East Hants.

LOCATION OF MEETING/CONFERENCE:
15 Commerce Court, Elmsdale.

PLACE OF TRAVEL: FROM: Poirierville, NS TO: Elmsdale, NS

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 0

DATE AND TIME MEETING COMMENCED: April 4, 2017, 10:00 am

DATE AND TIME MEETING ENDED: April 4, 2017, 2:00 pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:	
# OF KILOMETERS:	542	X	\$0.4610	\$249.86	
MEALS:					
# BREAKFASTS:	1	X	\$20	\$20.00	
# LUNCHESES:	0	X	\$25	\$0.00	
# DINNERS:	0	X	\$30	\$0.00	
INCIDENTALS:	# OF DAYS:	0	X	\$10	\$0.00

OTHER FEES (PLEASE SPECIFY):

Lunch provided. Left home @ 6:45 am.

Goods Rec'd. Date..... Initial.....
Prices Checked.....
Add. & Exp. Checked.....
Approval for Payment.....
Discount Date.....
Paid by Cheque No. 10-242-3070-242110
Distribution Acct. No. HST 3

ADVANCE REQUESTED:		TOTAL EXPENSES CLAIMED:	\$269.86
		LESS ADVANCE:	
		BALANCE PAYABLE:	\$269.86

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	Apr 5/17	SIGNATURE:	Chris Boudreau
DATE:	April 6/17	APPROVAL:	[Signature]
CAO INITIAL:		ACCOUNT #:	10-242-3070-242110



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: Yvonne Boudreau

PERIOD COVERED: **FROM:** January 24, 2017 **TO:** January 24, 2017

PURPOSE OF TRAVEL CLAIM:
Access to Privacy Rules and Tools Workshop

LOCATION OF MEETING/CONFERENCE:
City Hall, Sydney, NS

PLACE OF TRAVEL: **FROM:** Arichat **TO:** Sydney, NS

NUMBER OF DAYS: **NUMBER OF NIGHTS:**

DATE AND TIME MEETING COMMENCED: 24/01/2017 9:00

DATE AND TIME MEETING ENDED: 24/01/2017 12:00

EXPENSES CLAIMED:

				TOTALS:
TRAVEL:				
# OF KILOMETERS:	244	X	\$0.4610	\$112.48
MEALS:				
# BREAKFASTS:	1	X	\$20	\$20.00
# LUNCHESES:	1	X	\$25	\$25.00
# DINNERS:		X	\$30	\$0.00
INCIDENTALS:	# OF DAYS:	X	\$10	\$0.00
OTHER FEES (PLEASE SPECIFY):				
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> Goods Rec'd. Date..... Initial..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No. 10 212 2120 212 130 Distribution: Acc'l. No. </div>				

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$157.48

LESS ADVANCE:

BALANCE PAYABLE: \$157.48

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:		SIGNATURE:	<i>Yvonne Boudreau</i>
DATE:		APPROVAL:	<i>[Signature]</i>
CAO INITIAL:		ACCOUNT #:	



Access & Privacy - Rules and Tools Agenda	
15 min	Introduction
20 min	Access Rules <ul style="list-style-type: none">• Purpose of the legislation, what is "FOIable", how to process an access request, best practices, how to sever a document
60 min	Access Problems <ul style="list-style-type: none">• Problem 1: Personal email accounts - duty to assist and adequate search• Problem 2: Access to personnel files - severing exercise.• Problem 3: Access to a contract - severing exercise
1 hour	Lunch (provided)
20 min	Privacy Rules <ul style="list-style-type: none">• Essential collection, use and disclosure rules• What is reasonable security?
65 min	Privacy Problems <ul style="list-style-type: none">• Problem 1: How to identify a privacy breach• Problem 2: Responding to disclosure requests from police• Problem 3: The lost laptop - how to manage a privacy breach
5 min	Privacy Management Program <ul style="list-style-type: none">• What is a privacy management program? How can you make your municipality more privacy compliant?
10 min	Closing & Questions





726 Veterans Memorial Drive Arichat Ns to 320 Esplanade Sydney ns distance

Sign in

All Maps News Images Shopping More Settings Tools

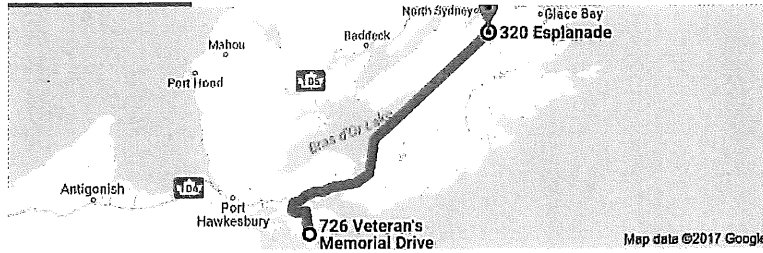
About 25 results (0.79 seconds)



Google works better with Chrome

Yes, get Chrome now

From 726 Veteran's Memorial Dr, Arichat, NS B0E 1A0
To 320 Esplanade, Sydney, NS B1P 5X3



1 h 41 min (122.4 km) via NS-4 E

Directions

- 726 Veteran's Memorial Dr
- Head west on Little Anse West Arichat Rd/Veteran's Memorial Dr toward Conneys Ln 290 m
- Turn right onto Conneys Ln 140 m
- Continue onto Grandique Rd/Lennox Ferry Rd. 9.2 km
- Turn left onto Fleur-de-lis Trail/NS-320 W 8.5 km
- Turn right onto the NS-104 E ramp to Saint Peters/Sydney 450 m
- Merge onto NS-104 14.3 km
- Continue onto NS-4 E (signs for Nova Scotia Trunk 4 E/Saint Peters/Sydney/Fleur-de-lis Trail)
- Destination will be on the left 89.6 km
- 320 Esplanade, Sydney, NS B1P 5X3

These directions are for planning purposes only. You may find that construction projects, traffic, weather or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Cape Breton Distance Calculator - Cape Breton Island Nova Scotia ...

capebretonisland.com/cape-breton-information/cape-breton-distance-calculator/ ...
Cape Breton Island Nova Scotia Accommodations · Home · Tips & Tools ... Home » Cape Breton Distance Calculator. Driving Distance & Time Calculator. From:
Missing: 726 veterans memorial arichat 320 esplanade

Citizen Service Centre - Cape Breton Regional Municipality

www.cbrm.ns.ca › City Hall › Contact CBRM ...
Access information regarding payments through your bank. Citizen Service Centre 320 Esplanade Sydney, Nova Scotia B1P 7B9 Phone: (902) 563-5080
Missing: 726 veterans memorial drive arichat distance

Transit - Cape Breton Regional Municipality

www.cbrm.ns.ca/transit.html ...
For more information on Transit Charters, Transit Fares and Transit Advertising please contact us at: 320 Esplanade Sydney, NS B1P 7B9Tel: (902) 539-8124
Missing: 726 veterans memorial arichat distance

Directions and Map - The Municipality of the County of Richmond

www.richmondcounty.ca/directions-and-map.html ...



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

NAME: Yvonne Boudreau

PERIOD COVERED: **FROM:** February 9, 2017 **TO:** February 9, 2017

PURPOSE OF TRAVEL CLAIM:
HEART Committee Meeting

LOCATION OF MEETING/CONFERENCE:
Public Health Office, Port Hawkesbury

PLACE OF TRAVEL: **FROM:** Arichat **TO:** Port Hawkesbury

NUMBER OF DAYS: **NUMBER OF NIGHTS:**

DATE AND TIME MEETING COMMENCED: 09/02/2017 9:30

DATE AND TIME MEETING ENDED: 09/02/2017 11:40

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	90	X	\$0.4610	\$41.49
MEALS:				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHESES:		X	\$25	\$0.00
# DINNERS:		X	\$30	\$0.00
INCIDENTALS:				
# OF DAYS:		X	\$10	\$0.00
OTHER FEES (PLEASE SPECIFY):				
Goods Res'd. Date..... Initial.....				
Prices Checked.....				
Add. & Ext. Checkd.....				
Approval for Payment.....				
Discount Date.....				
Paid by Cheque No. 10 212 2120 212130				
Distribution: Acc't. No.....				

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$41.49

LESS ADVANCE:

BALANCE PAYABLE: \$41.49

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: Feb 9/17	SIGNATURE: Yvonne Boudreau
DATE:	APPROVAL: [Signature]
CAO INITIAL:	ACCOUNT #:



THE MUNICIPALITY OF THE COUNTY OF

LA MUNICIPALITÉ DU COMTÉ DE

RICHMOND

NAME: Yvonne Boudreau

PERIOD COVERED: **FROM:** February 15, 2017 **TO:** February 15, 2017

PURPOSE OF TRAVEL CLAIM:
RCMP Advisory Board Meeting

LOCATION OF MEETING/CONFERENCE:
RCMP Detachment St. Peter's

PLACE OF TRAVEL: **FROM:** Arichat **TO:** St. Peter's

NUMBER OF DAYS: **NUMBER OF NIGHTS:**

DATE AND TIME MEETING COMMENCED: 7:00 PM

DATE AND TIME MEETING ENDED: 8:30 PM

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	75	X	\$0.4610	\$34.58
MEALS:				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHESES:		X	\$25	\$0.00
# DINNERS:		X	\$30	\$0.00
INCIDENTALS:				
# OF DAYS:		X	\$10	\$0.00
OTHER FEES (PLEASE SPECIFY):				
<div data-bbox="503 1344 1006 1659" data-label="Text"> <p>Goods Rec'd Date..... Initial..... B Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by cheque No..... 10 212 2120 212130 Distribution: Acc't No.....</p> </div>				

ADVANCE REQUESTED:	TOTAL EXPENSES CLAIMED:	\$34.58
	LESS ADVANCE:	
	BALANCE PAYABLE:	\$34.58

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	2/16/17	SIGNATURE:	<i>Yvonne Boudreau</i>
DATE:		APPROVAL:	<i>[Signature]</i>
CAO INITIAL:		ACCOUNT #:	



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTE DE

RICHMOND

NAME: Wayne Doyle
 PERIOD COVERED: FROM: Wednesday, Feb 15, 17 TO: Wednesday Feb 15, 17
 PURPOSE OF TRAVEL CLAIM:

LOCATION OF MEETING/CONFERENCE:
First Aid Course
Port. Hastings

PLACE OF TRAVEL: FROM: TO:
 NUMBER OF DAYS: NUMBER OF NIGHTS:
 DATE AND TIME MEETING COMMENCED: Feb 15, 2017 8:30 AM
 DATE AND TIME MEETING ENDED: Feb 15, 2017 4:30 PM

EXPENSES CLAIMED:

				TOTALS:
TRAVEL:				
# OF KILOMETERS:		X	\$0.4708	\$0.00
MEALS:				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHES:	<u>1</u>	X	\$25	<u>\$25.00</u> \$0.00
# DINNERS:		X	\$30	\$0.00
INCIDENTALS:	# OF DAYS:	X	\$10	\$0.00
OTHER FEES (PLEASE SPECIFY):				

Goods Rec'd. Date..... Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No. 10 2704150 270480
 Distribution: Acc't. No.

ADVANCE REQUESTED: HST 1
 TOTAL EXPENSES CLAIMED: \$25.00 \$0.00
 LESS ADVANCE: 0
 BALANCE PAYABLE: \$25.00 \$0.00

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	<u>Feb 16, 17</u>	SIGNATURE:	<u>Wayne Doyle</u>
DATE:	<u>Feb 21/17</u>	APPROVAL:	<u>W. Brodeur</u>
CAO INITIAL:		ACCOUNT #:	<u>WJ</u>



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: MARIS FREIMANIS

PERIOD COVERED: FROM: Feb 23, 2017 TO: Feb 24, 2017

PURPOSE OF TRAVEL CLAIM:

Attend UNSM special meeting on Accountability and Transparency as per attached agenda.

LOCATION OF MEETING/CONFERENCE:

Westin, Halifax, NS.

PLACE OF TRAVEL: FROM: Port Hawkesbury TO: HALIFAX

NUMBER OF DAYS: 1 1/2 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: Departed 3:00 pm Feb 23, meeting start 9:15

DATE AND TIME MEETING ENDED: Returned 6:00 pm Feb 24, meeting end 3:30 Feb 24

EXPENSES CLAIMED:

TRAVEL:				TOTALS:															
# OF KILOMETERS:	544	X	\$0.4610	250.78															
MEALS:																			
# BREAKFASTS:	1	X	\$20	20															
# LUNCHESES:	—	X	\$25	—															
# DINNERS:	1	X	\$30	30															
INCIDENTALS:	1	X	\$10	10															
OTHER FEES (PLEASE SPECIFY):																			
Hotel direct bill.																			
Parking direct bill																			
<table border="1"> <tr> <td>Goods Rec'd. Date.....</td> <td>Initial.....</td> </tr> <tr> <td>Prices Checked.....</td> <td>A</td> </tr> <tr> <td>Add. & Ext. Checked.....</td> <td>A</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. 10 212 2120 213 130</td> <td></td> </tr> <tr> <td>Distribution: Acc't. No.....</td> <td></td> </tr> </table>				Goods Rec'd. Date.....	Initial.....	Prices Checked.....	A	Add. & Ext. Checked.....	A	Approval for Payment.....		Discount Date.....		Paid by Cheque No. 10 212 2120 213 130		Distribution: Acc't. No.....			
Goods Rec'd. Date.....	Initial.....																		
Prices Checked.....	A																		
Add. & Ext. Checked.....	A																		
Approval for Payment.....																			
Discount Date.....																			
Paid by Cheque No. 10 212 2120 213 130																			
Distribution: Acc't. No.....																			
ADVANCE REQUESTED:				TOTAL EXPENSES CLAIMED:	310.78														
				LESS ADVANCE:															
				BALANCE PAYABLE:	310.78														

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: Feb 27 2017 **SIGNATURE:** [Signature]
DATE: **APPROVAL:** Brian Marchand
CAO INITIAL: **ACCOUNT #:**

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 BOE 1A0
 Canada
 Attn: Boudreau Yvonne

Page Number 1
 AR Account 7991
 Invoice Number 56729
 Invoice Date 02-24-2017

INVOICE

Tax ID - 899994933 RT0001

Date	Description	Charge	Credit	Balance
02/24/17	930930/Folio ***MacLean, Jason 736 50001426/ADJ - Valet		-25.30	
03/03/17	Valet Parking	22.00		
02/23/17	HST Tax 15% Valet	3.30		
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		191.87	-25.30	166.57
02/24/17	930931/Folio ***Freimanis, Maris 341			
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		166.57		166.57
02/24/17	931627/Folio ***Martell, Alvin 902			
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		166.57		166.57

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No. 10 212 2120 212130	
Distribution: Acc't. No.....	

HST 3
 166.57
 166.57
 333.14

Current	Over 30	Over 60	Over 90	Balance
499.71				499.71

Union of NS Municipalities

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

INVOICE

RECEIVED

MAR 10 2017

Invoice No.: 5378

Date: 03/02/2017

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																						
			Accountability & Transparency Workshop Feb 24																									
		1	Maris Freimanis	H	30.00	30.00																						
		1	Alvin Martell	H	30.00	30.00																						
		1	Jason MacLean	H	30.00	30.00																						
		1	Brian Marchand	H	30.00	30.00																						
			H - HST 15%																									
			HST			18.00																						
<div data-bbox="714 1176 1185 1417" data-label="Form"> <table border="1"> <tr> <td>Goods Rec'd. Date</td> <td>Initial</td> <td>P</td> </tr> <tr> <td>Prices Checked</td> <td></td> <td>B</td> </tr> <tr> <td>Aud. & Ext. Checked</td> <td></td> <td>B</td> </tr> <tr> <td>Approval for Payment</td> <td><i>Handwritten Signature</i></td> <td>B</td> </tr> <tr> <td>Discount Date</td> <td></td> <td></td> </tr> <tr> <td>Paid by Cheque No.</td> <td>10 212 2120</td> <td>212130</td> </tr> <tr> <td>Distribution Acct No.</td> <td>10 210 2110</td> <td>210130</td> </tr> </table> </div>						Goods Rec'd. Date	Initial	P	Prices Checked		B	Aud. & Ext. Checked		B	Approval for Payment	<i>Handwritten Signature</i>	B	Discount Date			Paid by Cheque No.	10 212 2120	212130	Distribution Acct No.	10 210 2110	210130		
Goods Rec'd. Date	Initial	P																										
Prices Checked		B																										
Aud. & Ext. Checked		B																										
Approval for Payment	<i>Handwritten Signature</i>	B																										
Discount Date																												
Paid by Cheque No.	10 212 2120	212130																										
Distribution Acct No.	10 210 2110	210130																										
<div data-bbox="1201 1218 1315 1281" data-label="Text"> <p>HST 3</p> </div>																												
<div data-bbox="1234 1281 1477 1470" data-label="Text"> <p>34.50 69.00 34.50</p> </div>																												
Union of NS Municipalities HST: #108150616																												
Total Amount						138.00																						
Comment:																												



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

NAME: MARIS FREIMANIS
PERIOD COVERED: FROM: March 3, 2017 TO: March 3, 2017

PURPOSE OF TRAVEL CLAIM:
Attend Cape Breton REN Recruitment & nominating committee meeting

LOCATION OF MEETING/CONFERENCE:
Baddeck

PLACE OF TRAVEL: FROM: Port Hawkesbury TO: Baddeck

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** —

DATE AND TIME MEETING COMMENCED: March 3, 2017 @ 10:00am

DATE AND TIME MEETING ENDED: March 3, 2017 @ 12:30 pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	185	X	\$0.4610	85.28
MEALS:				
# BREAKFASTS:		X	\$20	25.00
# LUNCHESES:	1	X	\$25	
# DINNERS:		X	\$30	
INCIDENTALS:	# OF DAYS:	X	\$10	
OTHER FEES (PLEASE SPECIFY):				
<div data-bbox="495 1354 1088 1669" data-label="Text"> <p>Goods Rec'd. Date..... Initial..... A Prices Checked..... A Add. & Ext. Checked..... A Approval for Payment..... A Discount Date..... Paid by Cheque No. 2120 212130 Distribution: Acct. No. 112 2120 212130</p> </div>				

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: 110.28

LESS ADVANCE: —

BALANCE PAYABLE: 110.28

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: March 6, 2017 **SIGNATURE:** [Signature]
DATE: **APPROVAL:** [Signature]
CAO INITIAL: **ACCOUNT #:**



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: MARISSA FREEMAN'S

PERIOD COVERED: FROM: March 21, 2017 TO: March 21, 2017

PURPOSE OF TRAVEL CLAIM:
Meet Tom Plumridge and Cathy MacKenize of ACOA.

LOCATION OF MEETING/CONFERENCE:
Sydney, NS

PLACE OF TRAVEL: FROM: Louisdale TO: Sydney

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:**

DATE AND TIME MEETING COMMENCED: 10:00 am March 21

DATE AND TIME MEETING ENDED: 12:30 pm March 21

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:		X	\$0.4610	\$0.00
MEALS:				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHESES:	1	X	\$25	25.00 \$0.00
# DINNERS:		X	\$30	\$0.00
INCIDENTALS:	# OF DAYS:	X	\$10	\$0.00

OTHER FEES (PLEASE SPECIFY):

Goods Rec'd. Date Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No.
 Distribution: Acc't. No. / 10 212 2120 21 2130

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: 25.00 ✓ \$0.00

LESS ADVANCE:

BALANCE PAYABLE: 25.00 ✓ \$0.00

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: April 3 / 17 **SIGNATURE:** *MariSSa Freeman*

DATE: **APPROVAL:** Brian Marchand

CAO INITIAL: **ACCOUNT #:**



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: Marie Frenon

PERIOD COVERED: FROM: March 28, 2017 TO: March 28, 2017

PURPOSE OF TRAVEL CLAIM:
1. Meet Emily Pond, Municipal Affairs
2. Lisa Gallivan, legal

LOCATION OF MEETING/CONFERENCE:
Halifax

PLACE OF TRAVEL: FROM: March 28, 2017 TO: March 28, 2017

NUMBER OF DAYS: _____ NUMBER OF NIGHTS: _____

DATE AND TIME MEETING COMMENCED: March 28, 11:00 am.

DATE AND TIME MEETING ENDED: March 28, 4:30 pm.

EXPENSES CLAIMED:

TRAVEL:				TOTALS:	
# OF KILOMETERS:	<u>542</u>	<u>X</u>	<u>\$0.4610</u>	<u>249.86</u>	<u>\$0.00</u>
MEALS:					
# BREAKFASTS:		<u>X</u>	<u>\$20</u>		<u>\$0.00</u>
# LUNCHES:	<u>—</u>	<u>X</u>	<u>\$25</u>		<u>\$0.00</u>
# DINNERS:	<u>301</u>	<u>X</u>	<u>\$30</u>	<u>30</u>	<u>\$0.00</u>
INCIDENTALS:	# OF DAYS:	<u>X</u>	<u>\$10</u>		<u>\$0.00</u>

OTHER FEES (PLEASE SPECIFY):
Parking Metro Park. 19.00

Goods Rec'd. Date..... Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No.....
 Distribution: Acc't. No. 10 212 2130 212130

ADVANCE REQUESTED: _____ TOTAL EXPENSES CLAIMED: 298.86 ~~-\$0.00~~

LESS ADVANCE: _____

BALANCE PAYABLE: 298.86 ~~-\$0.00~~

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: April 13/17 SIGNATURE: [Signature]
 DATE: _____ APPROVAL: [Signature]
 CAO INITIAL: _____ ACCOUNT #: _____

Chequing

Primary Chequing Account

The current balance shown is as of today's date. Please report any items that do not match your records.

Account No: Financial Institution No: 001 Branch Transit No: 01054
 Account Balance: Available Funds Funds on Hold:
 Bank Plan: Senior Plan Plan Lead Account:

Transaction History

View transactions by selecting a time period or date range, or filter your results by entering a description.

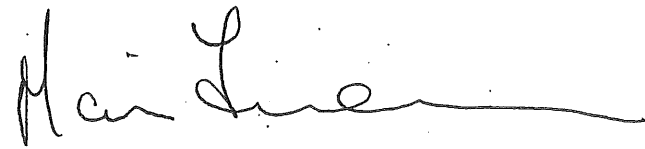
View: last 14 days or show from: MM/DD/YYYY to: MM/DD/YYYY

Filter description: metropark Submit

Transaction Date	Code	Description	Debit	Credit	Balance
		Balance Forward			
Mar 28, 2017	PR	METROPARK	\$19.00		

Please note:

Pay station did not provide receipt although requested. Copy of Bank Transaction to verify expense.





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

NAME: Jason MacLean

PERIOD COVERED: **FROM:** January 11/17 **TO:** January 13/17

PURPOSE OF TRAVEL CLAIM:
 Financial Management for Elected Officials Workshops.

LOCATION OF MEETING/CONFERENCE:
 Host Hotel was the Lord Nelson, meetings were held at Nova Scotia Archives building.

PLACE OF TRAVEL: **FROM:** Home residence **TO:** The Lord Nelson

NUMBER OF DAYS: 2 **NUMBER OF NIGHTS:** 2

DATE AND TIME MEETING COMMENCED: January 11 at 9:00 am

DATE AND TIME MEETING ENDED: January 13 at 12:30 pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:	
# OF KILOMETERS:	628	X	\$0.4610	\$289.51	
MEALS:					
# BREAKFASTS:	2	X	\$20	\$40.00	
# LUNCHES:	0	X	\$25	\$0.00	
# DINNERS:	2	X	\$30	\$60.00	
INCIDENTALS:	# OF DAYS:	2	X	\$10	\$20.00
OTHER FEES (PLEASE SPECIFY):					
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> Goods Rec'd. Date..... Initial..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No..... Distribution: Acc't. No. 10 212 2110 210130 </div>					

ADVANCE REQUESTED:

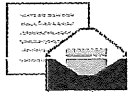
TOTAL EXPENSES CLAIMED: \$409.51


LESS ADVANCE:

BALANCE PAYABLE: \$409.51

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	January 22, 2017	SIGNATURE:	<i>Jason MacLean</i>
DATE:		APPROVAL:	<i>Jason MacLean</i>
CAO INITIAL:		ACCOUNT #:	



Re: Lord Nelson Stay 
jason maclean to: Yvonne Boudreau

19/01/2017 12:38 PM

1 attachment



20170119093820045.pdf

Hi Yvonne, Lord Nelson stay is confirmed.

Thanks.

From: Yvonne Boudreau/Richmond
To: Jason MacLean/Richmond@county.richmond.ns.ca
Date: 19/01/2017 09:43 AM
Subject: Lord Nelson Stay

Good Morning Jason,

Can you please confirm your stay. Invoice attached.

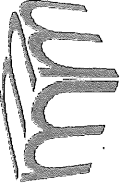
Thanks,

Yvonne Boudreau
Executive Assistant
Municipality of the County of Richmond
2357 Hwy 206, PO Box 120
Arichat, NS
B0E 1A0
PH:(902) 226-3971
FAX: (902) 226-1510
yboudreau@richmondcounty.ca

----- Forwarded by Yvonne Boudreau/Richmond on 19/01/2017 09:42 AM -----

From: ricoh@county.richmond.ns.ca
To: "Yvonne Boudreau" <yboudreau@richmondcounty.ca>
Date: 19/01/2017 09:41 AM
Subject: Ricoh Scanned Document

This E-mail was sent from "RNP002673A93E00" (MP C4503).



MUNICIPAL
MANAGEMENT
MODULES
FOR ELECTED AND APPOINTED OFFICIALS

who we are

The Association of Municipal Administrators Nova Scotia (AMANS) is a professional association of current and future municipal government managers dedicated to excellence in municipal government administration.

what we offer

AMANS recognizes the value of education, training and development and the importance of having municipal government staff and elected officials who have the capacity to meet today's challenges.

To ensure that the critical knowledge and skills required for municipal governance and administration are in place, AMANS assessed the current and future education, training, and development needs of key positions within municipalities across Nova Scotia.

Working in collaboration with municipal subject matter experts and professional curriculum developers, we designed the *Municipal Management Modules* to build the capacity of established and aspiring municipal leaders in core areas, such as:

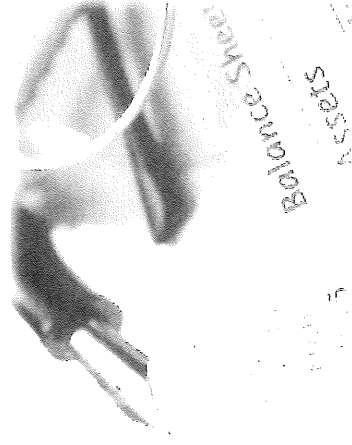
- Leadership
- Strategic Planning
- Legislation and Policy
- Financial Management
- Human Resource Management

developed by



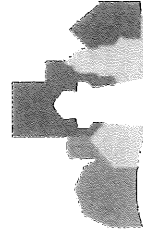
unsm

NOVA SCOTIA



January 12th and 13th, 2017

Halifax, NS



amans
ASSOCIATION OF MUNICIPAL
ADMINISTRATORS NOVA SCOTIA

background

Financial Management for Elected Officials is a skills-based training module intended to improve skills in budget review, financial decisions, and communication about financial matters for municipal elected officials.

Who Should Attend?

The workshop is Councillors, Mayors and Wardens whether you are in your first term or your tenth.

We believe that participants learn from each other so this workshop has been developed to be interactive using real life case studies and holding group discussions.

Each workshop will have a maximum of 25 participants and will be in an interactive classroom environment.

Workshop Objectives

At the end of this workshop you will have an ability to:

- Understand the function of internal controls
- Understand the relationship between strategic plan and budget priorities;
- Identify, compile and select priorities;
- Understand the financial information required to make tax rate or structure decisions and the impact of those decisions;
- Determine how and what financial information to communicate to public;
- Interpret financial statements and reports;
- Establishing financial by-laws and policies.

registration

Please contact Andrea Jeffs by email ajeffs@amans.ca and indicate who you are registering.

Sponsor



The Municipal Finance Corporation recognizes the importance of financial literacy and have sponsored this module to enable us to reduce the cost per delegate from \$585 to \$450.

Cost

\$450 + HST per AMANS or UNSM member

\$750 + HST per non-member

Lunch, refreshments and a participant's workbook will be provided at the workshop.

Cancellation Policy

Members who cancel after December 30th will be subject to the full registration fee. Cancellations in writing prior December 30th will be refunded.

contact us

Association of Municipal Administrators
Suite 1106, 1809 Barrington Street
Halifax, NS B3J 3K8



(902) 423-2215



(902) 425-5592



info@amans.ca



[@amanovascotia](https://twitter.com/amanovascotia)



Visit us on the web: amans.ca



1515 South Park Street, Halifax, Nova Scotia, Canada B3J 2L2
 T 902-423-6331 | 800-565-2020 www.lordnelsonhotel.com

Guest Name: Jason MacLean
 Municipal Government
 *, XX

Room Number: 513
 Folio Number: RAC098
 Group Number:

No. of Guests: 1

C/O Clerk:

CC No:

CL #:

Arrival: 01/11/17 Time: 06:42 PM Departure: 01/14/17 Time: 03:14:23 Status: FOL

01/11/17	513	ROOM CHARGE		\$119.00	
01/11/17	513t	HRM MKTG LEVY	HRM MKTG LEVY	\$2.38	
01/11/17	513t	HST	HST	\$18.21	
01/11/17	Recur 240	GUEST PARKING	Recurring: MacLean 513	\$28.00	
01/11/17	Recur 240t	HST PARK	Recurring: MacLean 513	\$4.20	
01/12/17	513	ROOM CHARGE		\$119.00	
01/12/17	513t	HRM MKTG LEVY	HRM MKTG LEVY	\$2.38	
01/12/17	513t	HST	HST	\$18.21	
01/12/17	Recur 240t	HST PARK	Recurring: MacLean 513	\$4.20	
01/12/17	Recur 240	GUEST PARKING	Recurring: MacLean 513	\$28.00	
01/13/17	1467	DIRECT BILL	Ck Out 13:02		(\$343.58)

Folio Balance:	\$0.00
----------------	--------



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

NAME: Jason MacLean

PERIOD COVERED: FROM: February 23/17 TO: February 24/17

PURPOSE OF TRAVEL CLAIM:
 UNSM Special Meeting on Accountability and Transparency.

LOCATION OF MEETING/CONFERENCE:
 The Westin Nova Scotian

PLACE OF TRAVEL: FROM: Home residence TO: The Westin Nova Scotian

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: February 24 at 9:45 am

DATE AND TIME MEETING ENDED: February 24 at 3:00 pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	622	X	\$0.4610	\$286.74
MEALS:				
# BREAKFASTS:	1	X	\$20	\$20.00
# LUNCHES:	0	X	\$25	\$0.00
# DINNERS:	2	X	\$30	\$60.00
INCIDENTALS:	# OF DAYS:	1	X	\$10
OTHER FEES (PLEASE SPECIFY):				
Goods Rec'd. Date..... Initial.....				
Prices Checked.....				
Add. & Ext. Checked.....				
Approval for Payment.....				
Discount Date.....				
Paid by Cheque No.....				
Distribution: Acc't. No. 10..... 210 210 210 130				

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$376.74

LESS ADVANCE:

BALANCE PAYABLE: \$376.74

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	March 3, 2017	SIGNATURE:	<i>Jason MacLean</i>
DATE:	<i>[Signature]</i>	APPROVAL:	<i>Brian Marchand</i>
CAO INITIAL:	<i>[Signature]</i>	ACCOUNT #:	

Union of NS Municipalities

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

INVOICE

RECEIVED

MAR 10 2017

Invoice No.: 5378

Date: 03/02/2017

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																									
			Accountability & Transparency Workshop Feb 24																												
✓ 1			Maris Freimanis	H	30.00	30.00																									
✓ 1			Alvin Martell	H	30.00	30.00																									
✓ 1			Jason MacLean	H	30.00	30.00																									
✓ 1			Brian Marchand	H	30.00	30.00																									
			H - HST 15%																												
			HST			18.00																									
<table border="1" style="margin: auto;"> <tr> <td>Goods Rec'd. Date.....</td> <td>Initial.....</td> <td>P</td> </tr> <tr> <td>Prices Checked.....</td> <td></td> <td>P</td> </tr> <tr> <td>Acc. & Ext. Checked.....</td> <td></td> <td>P</td> </tr> <tr> <td>Approval for Payment.....</td> <td><i>Harder</i></td> <td></td> </tr> <tr> <td>Disput Date.....</td> <td></td> <td></td> </tr> <tr> <td>Paid by Cheque No. 10 212 2120</td> <td>212130</td> <td>34.50</td> </tr> <tr> <td>Distribution Acct No. 10 210 2110</td> <td>210130</td> <td>69.00</td> </tr> <tr> <td>10 210 2100 210110</td> <td></td> <td>34.50</td> </tr> </table>						Goods Rec'd. Date.....	Initial.....	P	Prices Checked.....		P	Acc. & Ext. Checked.....		P	Approval for Payment.....	<i>Harder</i>		Disput Date.....			Paid by Cheque No. 10 212 2120	212130	34.50	Distribution Acct No. 10 210 2110	210130	69.00	10 210 2100 210110		34.50		
Goods Rec'd. Date.....	Initial.....	P																													
Prices Checked.....		P																													
Acc. & Ext. Checked.....		P																													
Approval for Payment.....	<i>Harder</i>																														
Disput Date.....																															
Paid by Cheque No. 10 212 2120	212130	34.50																													
Distribution Acct No. 10 210 2110	210130	69.00																													
10 210 2100 210110		34.50																													
Union of NS Municipalities HST: #108150616																															
Comment:						Total Amount	138.00																								

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 BOE 1A0
 Canada
 Attn: Boudreau Yvonne

Page Number 1
 AR Account 7991
 Invoice Number 56729
 Invoice Date 02-24-2017

INVOICE

Tax ID - 899994933 RT0001

Date	Description	Charge	Credit	Balance
02/24/17	930930/Folio ***MacLean, Jason 736			
	50001426/ADJ - Valet		-25.30	
03/03/17	Valet Parking	22.00		
02/23/17	HST Tax 15% Valet	3.30		
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		191.87	-25.30	166.57
02/24/17	930931/Folio ***Freimanis, Maris 341			
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		166.57		166.57
02/24/17	931627/Folio ***Martell, Alvin 902			
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		166.57		166.57

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No. 10 212 2120 212130	
Distribution: Acc't. No.....	

HST 3

166.57

166.57

333.14

Current	Over 30	Over 60	Over 90	Balance
499.71				499.71

Tim Hortons Store 1532
902 Reeves St
Port Hawkesbury, NS
B9A 2S3
(902) 625-5900

GST# 899964589 RT0001
Mar 08 2017 09:30 am Trans# 932512

TRANSACTION RECORD

Card Number : ██████████
Card Type : ██████████
Card Entry : CHIP
Account Type : ██████████
Trans Type : PURCHASE
Amount : \$ 16.40

Auth # : 065043
Sequence # : 000023
Reference # : 00000023
Trace # : 00055511
Term ID : 201
Date : 17/03/08
Time : 09:30:26

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUERS AGREEMENT WITH
CARDHOLDER

Application Label: Interac
AID: A0000002771010
TUR: 8080008000
TC: 60866540823832F6
TSI: 6800

Tim Hortons #1532
902 Reeves St
Port Hawkesbury, NS
(902) 625-5900
HST# 899964589 RT 0001

Take-out
Order #
012512

3 Md Original Blend	4.89
Double Double (3)	
1 Md Original Blend	1.61
Black	
1 Dozen Donuts	8.99
Subtotal	15.43
HST	0.97
Total HST	0.97
Total	16.40
Debit Auth #:065043	16.40

Wednesday March 08, 2017 09:30:56
Shift # 1 Reg. # 1 Trans # 932512

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you for your patronage!



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

NAME: Brian Marchand

PERIOD COVERED:

FROM: Jan 1-2017

TO: Jan 31-2017

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
Jan 2-2017	Meet with Richmond Literacy-Re COSW	35.00	
Jan 3-2017	PAC	35.00	
Jan 8-2017	Arichat Legion Installation of Officers	42.40	
Jan 9-2017	Meet with PHP & CB Partnership	35.00	
Jan 9-2017	COW	35.00	
Jan 11-2017	Think Tank-PH Civic Center	54.00	
Jan 16-2017	Fire Services	40.00	
Jan 17-2017	Policy Committee	35.00	
Jan 18-2017	UARB Hearing	35.00	
Jan 19-2017	SAT Board Meeting		
Jan 21-2017	Robbie Burns Dinner	40.00	
Jan 22-2017	Meeting with Dorothy-COSW	54.00	
Jan 23-2017	Dima / Affordable Housing	35.00	
Jan 23-2017	REG Council	35.00	
Jan 24-2017	Paul MacLean	35.00	
Jan 25-2017	Strategic Planning	35.00	
Jan 26-2017	Speedo	40.00	
Jan 30-2017	Patrick Hartling-SPL / Policy Committee	35.00	
Jan 31-2017	Palliative Care Info Session	54.00	
		Totals:	\$0.00

Goods Rec'd. _____
 Prices Checked _____
 Add. & Ext. Checked _____
 Approval for Payment _____
 Discount Date _____
 Paid by Cheque No. _____
 Distribution: Acc't. No. 210 2100 210110

HST 3

Rate: \$0.4610
Total Mileage (\$): \$327.03

Total Expenses Claimed: **\$327.03**

ACCOUNT #:		CHEQUE #:	
SIGNATURE:	<i>Brian Marchand</i>	AMOUNT:	
APPROVED:	<i>[Signature]</i>	DATE PAID:	
		INITIAL:	



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

NAME: Brian Marchand

PERIOD COVERED: FROM: Jan 11-2017 TO: Jan 13-2017

PURPOSE OF TRAVEL CLAIM:
 Financial Management Training

LOCATION OF MEETING/CONFERENCE:
 Public Archives - Halifax

PLACE OF TRAVEL: FROM: Louisdale TO: Halifax

NUMBER OF DAYS: 3 **NUMBER OF NIGHTS:** 2

DATE AND TIME MEETING COMMENCED: Jan 12 -8:30 AM

DATE AND TIME MEETING ENDED: Jan 13-12:30 PM

EXPENSES CLAIMED:

TRAVEL:				TOTALS:	
# OF KILOMETERS:	615	X	\$0.4610	\$283.52	
MEALS:					
# BREAKFASTS:	2	X	\$20	\$40.00	
# LUNCHES:	1	X	\$25	\$25.00	
# DINNERS:	2	X	\$30	\$60.00	
INCIDENTALS:	# OF DAYS:	2	X	\$10	\$20.00
OTHER FEES (PLEASE SPECIFY):					
Hotel - Lord Nelson				\$279.18	
<div data-bbox="560 1417 1047 1690" data-label="Text"> <p>Goods Rec'd. Date.....Initial..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No..... Distribution: Acc't. No. 10-215 2100 210110</p> </div>					
ADVANCE REQUESTED:					
TOTAL EXPENSES CLAIMED:				\$707.70	
LESS ADVANCE:					
BALANCE PAYABLE:				\$707.70	

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	Jan 24/2017	SIGNATURE:	Brian Marchand
DATE:		APPROVAL:	[Signature]
CAO INITIAL:		ACCOUNT #:	



LORD NELSON

HOTEL & SUITES

1515 South Park Street, Halifax, Nova Scotia, Canada B3J 2L2
T 902-423-6331 | 800-565-2020 www.lordnelsonhotel.com

Guest Name: Brian Marchand
Municipal Government
*, XX

Room Number: 349
Folio Number: RAC099
Group Number:

No. of Guests: 1

C/O Clerk:

CC No: CL #:

Arrival: 01/11/17 Time: 09:02 PM Departure: 01/13/17 Time: 12:58:03 Status: FOL

01/11/17	349	ROOM CHARGE		\$119.00	
01/11/17	349t	HRM MKTG LEVY	HRM MKTG LEVY	\$2.38	
01/11/17	349t	HST	HST	\$18.21	
01/12/17	349	ROOM CHARGE		\$119.00	
01/12/17	349t	HRM MKTG LEVY	HRM MKTG LEVY	\$2.38	
01/12/17	349t	HST	HST	\$18.21	
01/13/17	01138211930	VISA-PAYMENT	***** **0331		-\$279.18

Folio Balance: \$0.00



Andrea Jeffs
<ajeffs@amans.ca>
09/01/2017 01:38 PM

To
cc "mjwalsh@cbrm.ns.ca" <mjwalsh@cbrm.ns.ca>,
"gherrett@amherst.ca" <gherrett@amherst.ca>, Janice
Wentzell <jwentzell@amans.ca>
bcc

Subject Financial Management for Elected Official - Pre-work
Activities

2 attachments



FCI Indicators - Trend Summary.pdfimage001.jpg

Good Afternoon,

Before joining us on Thursday for the Financial Management Module for Elected Officials, we wanted to pass along some pre-work activities for you to complete / review. The pre-work activities are listed below. Make some notes, and get ready to share what your observations were on Thursday and Friday.

Pre-work Activities

2.2 How Good is Your Decision-Making?

Take this quiz to assess your decision-making skills. This site also offers insight into what goes into the decision-making process and suggestions on how to improve your skills.

http://www.mindtools.com/pages/article/newTED_79.htm

4.3 Financial Indicators

Briefly review the list of indicators that are calculated for each municipality. Use the Municipal Profile Tool to review the indicators for your town. Use the Financial Condition Index tool to see how your municipality's statistics compare to the provincial average.

<http://www.novascotia.ca/dma/finance/indicator/definitions.asp>

<http://www.novascotia.ca/dma/finance/indicator/municipal-profile.asp>

<http://www.novascotia.ca/dma/finance/indicator/fci.asp>

Thank you,
Andrea

Andrea Jeffs

Finance Officer, Events Coordinator, AMANS
1304-1809 Barrington St. Halifax, NS B3J 3K8
902-423-2215 | amans.ca | [@amanovascotia](https://twitter.com/amanovascotia)





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

NAME: Brian Marchand

PERIOD COVERED:

FROM: Feb 1-2017

TO: Feb 28-2017

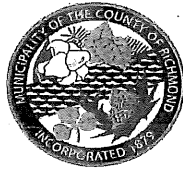
DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
Feb 1-2017	Meet with Dima	35.00	
Feb 1-2017	Meet with NSP Liason Committee	54.00	
Feb 2-2017	Air Port Meeting	54.00	
Feb 6-2017	Affordable Housing	35.00	
Feb 7-2017	DCBA	35.00	
Feb 8-2017	CB-Partnership Roundtable	35.00	
Feb 9-2017	SAT Strategic Planning Session	54.00	
Feb 9-2017	Lower Hall Meeting	30.00	
Feb 14-2017	Meet for EDPC	54.00	
Feb 15-2017	St. Peter Water-Water Extension - Arichat	35.00	
Feb 16-2017	St. Peter Water-Water Extension - St. Peters	40.00	
Feb 21-17	IMTTA - Tourism	35.00	
Feb 22-2017	SPEDO - Tourism - St. Peters	40.00	
Feb 27-2017	REG Council	35.00	
Feb 28-2017	Volunteer Banquet	35.00	

Initial *RM* *11/03*
 Goods Rec'd. Date _____
 Prices Checked _____
 Add. & Ext. Checked _____
 Approval for Payment _____
 Discount Date _____
 Paid by Cheque No. *102102100210110*
 Distribution: Acc't. No. _____

Totals: 606.00 \$0.00
 Rate: \$0.4610
 Total Mileage (\$): \$279.37

Total Expenses Claimed: **\$279.37**

ACCOUNT #:		CHEQUE #:	
SIGNATURE:	<i>Brian Marchand</i>	AMOUNT:	
APPROVED:	<i>[Signature]</i>	DATE PAID:	
		INITIAL:	



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

NAME: Brian Marchand

PERIOD COVERED: FROM: Feb 08-2017 TO: Feb 08-2017

PURPOSE OF TRAVEL CLAIM:
 Bell Mobility Towers - Antigonish

LOCATION OF MEETING/CONFERENCE:
 Antigonish County Board Office

PLACE OF TRAVEL: FROM: Louisdale TO: Antigonish County

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: Feb 08 -1:00 PM

DATE AND TIME MEETING ENDED: Feb 08 -3:00 PM

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	166	X	\$0.4610	\$76.53
MEALS:				
# BREAKFASTS:	0	X	\$20	\$0.00
# LUNCHESES:	0	X	\$25	\$0.00
# DINNERS:	0	X	\$30	\$0.00
INCIDENTALS:	# OF DAYS:	0	X \$10	\$0.00
OTHER FEES (PLEASE SPECIFY):				
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> Initial..... A Goods Rec'd. Date..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No. 12 210 2100 210 Distribution: Acc't. No. 110 </div>				

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$76.53

LESS ADVANCE:

BALANCE PAYABLE: \$76.53

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	Feb 27/2017	SIGNATURE:	Brian Marchand
DATE:	Feb 28/17	APPROVAL:	[Signature]
CAO INITIAL:		ACCOUNT #:	



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

NAME: Brian Marchand

PERIOD COVERED: FROM: Feb 22-2017 TO: Feb 22-2017

PURPOSE OF TRAVEL CLAIM:
CEPI Meeting-UCCB

LOCATION OF MEETING/CONFERENCE:
Verschuren Centre

PLACE OF TRAVEL: FROM: Louisdale TO: Sydney

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: Feb 22 -10:00 AM

DATE AND TIME MEETING ENDED: Feb 22 -2:30PM

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	236	X	\$0.4610	\$108.80
MEALS:				
# BREAKFASTS:	0	X	\$20	\$0.00
# LUNCHESES:	0	X	\$25	\$0.00
# DINNERS:	0	X	\$30	\$0.00
INCIDENTALS:				
# OF DAYS:	0	X	\$10	\$0.00
OTHER FEES (PLEASE SPECIFY):				
Parking				

Goods Rec'd: Date: Initial:
 Prices Checked:
 Add. & Ext. Checked:
 Approval for Payment:
 Discount Date:
 Paid by Cheque No. 10 210 2100 210 110
 Distribution Ass. No. HST 3

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$ 108.80

LESS ADVANCE:

BALANCE PAYABLE: \$ 108.80

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	Feb 27/2017	SIGNATURE:	Brian Marchand
DATE:	Feb 27/17	APPROVAL:	[Signature]
CAO INITIAL:		ACCOUNT #:	



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

NAME: Brian Marchand

PERIOD COVERED: FROM: Feb 23-2017 TO: Feb 24-2017

PURPOSE OF TRAVEL CLAIM:
 UNSM Meeting on Accountability & Transparency

LOCATION OF MEETING/CONFERENCE:
 Westin Hotel - Halifax

PLACE OF TRAVEL: FROM: Louisdale TO: Halifax

NUMBER OF DAYS: 2 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: Feb 24 -9:45 AM

DATE AND TIME MEETING ENDED: Feb 24-3:30 PM

EXPENSES CLAIMED:

TRAVEL:					TOTALS:
# OF KILOMETERS:	622	X	\$0.4610		\$286.74
MEALS:					
# BREAKFASTS:	1	X	\$20		\$20.00
# LUNCHES:	0	X	\$25		\$0.00
# DINNERS:	2	X	\$30		\$60.00
INCIDENTALS:	# OF DAYS:	1	X	\$10	\$10.00
OTHER FEES (PLEASE SPECIFY):					
Bridge					
Hotel - Westin					\$166.57

Goods Rec'd. Date..... Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No. 10 216 2100 210110
 Distribution: Acc't No. 10 216 2100 210110

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: 543.31

LESS ADVANCE:

BALANCE PAYABLE: 543.31

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: Feb 27/2017 **SIGNATURE:** Brian Marchand
DATE: Feb 27, 17 **APPROVAL:** [Signature]
CAO INITIAL: **ACCOUNT #:**

Union of NS Municipalities

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

INVOICE

RECEIVED

MAR 10 2017

Invoice No.: 5378

Date: 03/02/2017

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																																	
			Accountability & Transparency Workshop Feb 24																																				
✓ 1			Maris Freimanis	H	30.00	30.00																																	
✓ 1			Alvin Martell	H	30.00	30.00																																	
✓ 1			Jason MacLean	H	30.00	30.00																																	
✓ 1			Brian Marchand	H	30.00	30.00																																	
			H - HST 15%			18.00																																	
			HST																																				
<div data-bbox="714 1176 1185 1407" data-label="Form"> <table border="1"> <tr> <td>Copies Rec'd.</td> <td>Class</td> <td>Initial</td> <td>P</td> </tr> <tr> <td>Prices Checked</td> <td></td> <td></td> <td>P</td> </tr> <tr> <td>Aud. & Ext. Checked</td> <td></td> <td></td> <td>P</td> </tr> <tr> <td>Approval for Payment</td> <td colspan="2"><i>Handwritten Signature</i></td> <td></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</td> <td>212130</td> <td>\$ 34.50</td> </tr> <tr> <td>Distribution Acct No.</td> <td>10 210 2110</td> <td>210130</td> <td>\$ 69.00</td> </tr> <tr> <td></td> <td>10 210 2100</td> <td>210110</td> <td>\$ 34.50</td> </tr> </table> </div>						Copies Rec'd.	Class	Initial	P	Prices Checked			P	Aud. & Ext. Checked			P	Approval for Payment	<i>Handwritten Signature</i>			Discount Date				Paid by Cheque No.	10 212 2120	212130	\$ 34.50	Distribution Acct No.	10 210 2110	210130	\$ 69.00		10 210 2100	210110	\$ 34.50		
Copies Rec'd.	Class	Initial	P																																				
Prices Checked			P																																				
Aud. & Ext. Checked			P																																				
Approval for Payment	<i>Handwritten Signature</i>																																						
Discount Date																																							
Paid by Cheque No.	10 212 2120	212130	\$ 34.50																																				
Distribution Acct No.	10 210 2110	210130	\$ 69.00																																				
	10 210 2100	210110	\$ 34.50																																				
Total Amount						138.00																																	
<p>Union of NS Municipalities HST: #108150616</p> <p>Comment:</p>																																							



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

NAME: Brian Marchand

PERIOD COVERED:

FROM: Mar 1-2017

TO: Mar 31-2017

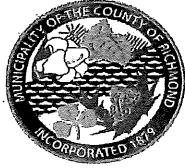
DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
Mar 1-2017	Meet with Maris Arena		
Mar 2-2017	ROC Funding Announcement	54.00	
Mar 8-2017	SAT (Strategic Planning Session) PHCC	54.00	
Mar 9-2017	Meet With MLA-Tourism	35.00	
Mar 10-17	Meet with Spedo/MLA-Tourism	35.00	
Mar 13-2017	Meet with IMTTA-Tourism	35.00	
Mar 13-2017	COW Council	0.00	
Mar 14-2017	DIMA	35.00	
Mar 15-2017	Anglican Church Group	35.00	
Mar 15-2017	IMTTA AGM-La Picasse	45.00	
Mar 16-2017	Meet With CAO-re Land Issues	35.00	
Mar 20-2017	Fire Services	40.00	
Mar 23-2017	St Peter's Water	40.00	
Mar 24-2017	Meet with IMTTA-Court House	40.00	
Mar 27-2017	REG Council	35.00	
Mar 30-2017	Meet with CAO-Land	35.00	
Mar 30-2017	PAC	35.00	
		Totals:	\$0.00

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

HST 3

Totals: 588.00
Rate: \$0.4610
Total Mileage (\$): \$271.07
Total Expenses Claimed: **\$271.07**

ACCOUNT #:		CHEQUE #:	
SIGNATURE:	<i>Brian Marchand</i>	AMOUNT:	
APPROVED:	<i>[Signature]</i>	DATE PAID:	
		INITIAL:	



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

NAME: Brian Marchand

PERIOD COVERED: FROM: Mar 21-2017 TO: Mar 21-2017

PURPOSE OF TRAVEL CLAIM:
ACOA Meeting - re Tourism

LOCATION OF MEETING/CONFERENCE:
ACOA OFFICE - Kings Road - Sydney

PLACE OF TRAVEL: FROM: Louisdale TO: Sydney

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 0

DATE AND TIME MEETING COMMENCED: Mar 21 -10:00 AM

DATE AND TIME MEETING ENDED: Mar 21 -12:30 PM

EXPENSES CLAIMED:

				TOTALS:	
TRAVEL:					
# OF KILOMETERS:	218	X	\$0.4610	\$100.50	
MEALS:					
# BREAKFASTS:	0	X	\$20	\$0.00	
# LUNCHES:	1	X	\$25	\$25.00	
# DINNERS:	0	X	\$30	\$0.00	
INCIDENTALS:	# OF DAYS:	0	X	\$10	\$0.00

OTHER FEES (PLEASE SPECIFY):

Goods Rec'd. Date.....Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No. 10210 2105 210110
 Distribution Acct No. HST 3

ADVANCE REQUESTED: TOTAL EXPENSES CLAIMED: \$125.50

LESS ADVANCE:

BALANCE PAYABLE: \$125.50

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	April 6 17	SIGNATURE:	<i>Brian Marchand</i>
DATE:		APPROVAL:	Brian Marchand
CAO INITIAL:		ACCOUNT #:	



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMITÉ DE

RICHMOND

NAME:	Josette Marchand	
PERIOD COVERED:	FROM: February 3, 2017	TO: February 3, 2017

PURPOSE OF TRAVEL CLAIM:
DCBA Product Committee Meeting

LOCATION OF MEETING/CONFERENCE:
Destination Cape Breton Association's office - 77 King's Road, Sydney, NS

PLACE OF TRAVEL:	FROM: Arichat	TO: Sydney
NUMBER OF DAYS:	1	NUMBER OF NIGHTS: 0
DATE AND TIME MEETING COMMENCED:	February 3, 2017 - 10 am	
DATE AND TIME MEETING ENDED:	February 3, 2017 - noon	

EXPENSES CLAIMED:

TRAVEL:				TOTALS:	
# OF KILOMETERS:	240	X	\$0.4610	\$110.64	
MEALS:					
# BREAKFASTS:	0	X	\$20	\$0.00	
# LUNCHESES:	1	X	\$25	\$25.00	
# DINNERS:	0	X	\$30	\$0.00	
INCIDENTALS:	# OF DAYS:	0	X	\$10	\$0.00
OTHER FEES (PLEASE SPECIFY):					
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>Initial: A</p> <p>Goods Rec'd. Date: A</p> <p>Prices Checked: A</p> <p>Add. & Ext. Checked: A HST</p> <p>Approval for Payment: A</p> <p>Discount Date: A</p> <p>Paid by Cheque No. 10 270 4120 270170</p> <p>Distribution: Acc't. No. 10 270 4120 270170</p> </div>					
ADVANCE REQUESTED:					
TOTAL EXPENSES CLAIMED:				\$135.64	
LESS ADVANCE:					
BALANCE PAYABLE:				\$135.64	

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	Feb. 6, 2017	SIGNATURE:	<i>Josette Marchand</i>
DATE:	Mar. 13/17	APPROVAL:	<i>[Signature]</i>
CAO INITIAL:		ACCOUNT #:	10 270 4120 270170



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

NAME: Alvin Martell
PERIOD COVERED: FROM: February 23, 2017 TO: February 24, 2017

PURPOSE OF TRAVEL CLAIM:
 To attend a UNSM Special Meeting on Accountability and Transparency (See Agenda attached)

LOCATION OF MEETING/CONFERENCE:
 Westin Hotel 1181 Hollis Street Halifax N.S.

PLACE OF TRAVEL: FROM: West Arichat TO: Halifax

NUMBER OF DAYS: 2 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: February 24, 2017 @ 9:15 A.M.

DATE AND TIME MEETING ENDED: February 24, 2017 @ 3:30 P.M.

EXPENSES CLAIMED:

				TOTALS:	
TRAVEL:					
# OF KILOMETERS:	620	X	\$0,4610	\$285,82	
MEALS:					
# BREAKFASTS:	1	X	\$20	\$20,00	
# LUNCHESES:		X	\$25	\$0,00	
# DINNERS:	2	X	\$30	\$60,00	
INCIDENTALS:	# OF DAYS:	1	X	\$10	\$10,00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="511 1344 1088 1648" data-label="Text"> <p>Goods Rec'd. Date..... Initial..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No..... Distribution: Acc'l. No. 10-210-210-130</p> </div>					
ADVANCE REQUESTED:					
TOTAL EXPENSES CLAIMED:				\$375,82	
LESS ADVANCE:					
BALANCE PAYABLE:				\$375,82	

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: Feb 27, 2017 **SIGNATURE:** Alvin Martell
DATE: Feb 28, 2017 **APPROVAL:** [Signature]
CAO INITIAL: **ACCOUNT #:**

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 56729
 Invoice Date 02-24-2017

INVOICE

Tax ID - 899994933 RT0001

Date	Description	Charge	Credit	Balance
02/24/17	930930/Folio ***MacLean, Jason 736 50001426/ADJ - Valet		-25.30	
03/03/17	Valet Parking	22.00		
02/23/17	HST Tax 15% Valet	3.30		
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		191.87	-25.30	166.57
02/24/17	930931/Folio ***Freimanis, Maris 341			
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		166.57		166.57
02/24/17	931627/Folio ***Martell, Alvin 902			
02/23/17	Room Charge	142.00		
02/23/17	HRM Levy 2.0%	2.84		
02/23/17	HST Tax - Room 15%	21.73		
		166.57		166.57

Goods Rec'd. Date.....	Date.....	Initial.....	
Prices Checked.....			
Add. & Ext. Checked.....			
Approval for Payment.....	<i>M. De...</i>		
Discount Date.....			
Paid by Cheque No. 10 212 2120 212130			166.57
Distribution: Acc't. No.			166.57

HST 3

166.57

333.14

Current	Over 30	Over 60	Over 90	Balance
499.71				499.71

Union of NS Municipalities

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

INVOICE

RECEIVED

MAR 10 2017

Invoice No.: 5378
Date: 03/02/2017
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																									
			Accountability & Transparency Workshop Feb 24																												
		1	✓ Maris Freimanis	H	30.00	30.00																									
		1	✓ Alvin Martell	H	30.00	30.00																									
		1	✓ Jason MacLean	H	30.00	30.00																									
		1	✓ Brian Marchand	H	30.00	30.00																									
			H - HST 15% HST			18.00																									
<div data-bbox="714 1176 1185 1417" data-label="Form"> <table border="1"> <tr> <td>Goods Rec'd. Date</td> <td>Initial</td> <td>P</td> </tr> <tr> <td>Prices Checked</td> <td></td> <td>B</td> </tr> <tr> <td>Aud. & Ext. Checked</td> <td></td> <td>B</td> </tr> <tr> <td>Approval for Payment</td> <td><i>Handwritten Signature</i></td> <td>B</td> </tr> <tr> <td>Discount Date</td> <td></td> <td></td> </tr> <tr> <td>Paid by Cheque No.</td> <td>10 212 2120 212130</td> <td>\$ 34.50</td> </tr> <tr> <td>Distribution Acct No.</td> <td>10 210 2110 210130</td> <td>\$ 69.00</td> </tr> <tr> <td></td> <td>10 210 2100 210110</td> <td>\$ 34.50</td> </tr> </table> </div>						Goods Rec'd. Date	Initial	P	Prices Checked		B	Aud. & Ext. Checked		B	Approval for Payment	<i>Handwritten Signature</i>	B	Discount Date			Paid by Cheque No.	10 212 2120 212130	\$ 34.50	Distribution Acct No.	10 210 2110 210130	\$ 69.00		10 210 2100 210110	\$ 34.50		
Goods Rec'd. Date	Initial	P																													
Prices Checked		B																													
Aud. & Ext. Checked		B																													
Approval for Payment	<i>Handwritten Signature</i>	B																													
Discount Date																															
Paid by Cheque No.	10 212 2120 212130	\$ 34.50																													
Distribution Acct No.	10 210 2110 210130	\$ 69.00																													
	10 210 2100 210110	\$ 34.50																													
Total Amount						138.00																									
Comment:																															

HST 3

Handwritten notes and calculations in a circle: \$ 34.50, \$ 69.00, \$ 34.50

Union of NS Municipalities HST: #108150616



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTE DE

RICHMOND

NAME: Alvin Martell

PERIOD COVERED: **FROM:** March 6, 2017 **TO:** March 6, 2017

PURPOSE OF TRAVEL CLAIM:
 Attended a meeting with Mayor Brenda Chisom-Beaton to discuss and formulate a draft proposal for a Outreach Coordinator position for all four municipal units Richmond, Port Hawkesbury, Inverness and Victoria.

LOCATION OF MEETING/CONFERENCE:
 Civic Center Port Hawkesbury, Mayor's Office

PLACE OF TRAVEL: **FROM:** West Arichat **TO:** Port Hawkesbury

NUMBER OF DAYS: Two hour meeting **NUMBER OF NIGHTS:** 0

DATE AND TIME MEETING COMMENCED: March 6, 2017 @ 12:00 P.M.

DATE AND TIME MEETING ENDED: March 6, 2017 @ 2:00 P.M.

EXPENSES CLAIMED:

				TOTALS:	
TRAVEL:					
# OF KILOMETERS:	76	X	\$0,4610	\$35,04	
MEALS:					
# BREAKFASTS:		X	\$20	\$0,00	
# LUNCHESES:	1	X	\$25	\$25,00	
# DINNERS:		X	\$30	\$0,00	
INCIDENTALS:	# OF DAYS:		X	\$10	\$0,00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="422 1354 925 1669" data-label="Text"> <p>Goods Rec'd. Date.....Initial..... Prices Checked..... Add & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No. 10 210 210 210 Distribution Ass'y No. 110</p> </div>					
ADVANCE REQUESTED:					
TOTAL EXPENSES CLAIMED:				\$60,04	
LESS ADVANCE:					
BALANCE PAYABLE:				\$60,04	

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: MARCH 7, 2017 **SIGNATURE:** Alvin Martell

DATE: [Signature] **APPROVAL:** Brian Marchand

CAO INITIAL: [Signature] **ACCOUNT #:**



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

NAME:		Carla																	
PERIOD COVERED:		FROM: February 22, 2017		TO: February 22, 2017															
PURPOSE OF TRAVEL CLAIM: Meeting at DCBA re: Winter Programming Pilot Program																			
LOCATION OF MEETING/CONFERENCE: Crescent St., Sydney, NS																			
PLACE OF TRAVEL:		FROM: 17 Rocky Bay Rd, Pondville		TO: 70 Crescent St, Sydney															
NUMBER OF DAYS:		1		NUMBER OF NIGHTS:															
DATE AND TIME MEETING COMMENCED:			February 22, 2017 @ 10am																
DATE AND TIME MEETING ENDED:			February 22, 2017 @ 12:30pm																
EXPENSES CLAIMED:																			
TRAVEL:					TOTALS:														
# OF KILOMETERS:				250	X	\$0.4610	\$115.25												
MEALS:																			
# BREAKFASTS:					X	\$20	\$0.00												
# LUNCHESES:				1	X	\$25	\$25.00												
# DINNERS:					X	\$30	\$0.00												
INCIDENTALS:				# OF DAYS:		X	\$10	\$0.00											
OTHER FEES (PLEASE SPECIFY):																			
<table border="1"> <tr> <td>Goods Rec'd. Date.....</td> <td>Initial.....</td> </tr> <tr> <td>Prices Checked.....</td> <td></td> </tr> <tr> <td>Add. & 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. 10 260 4070 260190</td> <td></td> </tr> <tr> <td>Distribution: Acct. No. 10 260 4070 260190</td> <td></td> </tr> </table>						Goods Rec'd. Date.....	Initial.....	Prices Checked.....		Add. & Ext. Checked.....		Approval for Payment.....		Discount Date.....		Paid by Cheque No. 10 260 4070 260190		Distribution: Acct. No. 10 260 4070 260190	
Goods Rec'd. Date.....	Initial.....																		
Prices Checked.....																			
Add. & Ext. Checked.....																			
Approval for Payment.....																			
Discount Date.....																			
Paid by Cheque No. 10 260 4070 260190																			
Distribution: Acct. No. 10 260 4070 260190																			
ADVANCE REQUESTED:																			
TOTAL EXPENSES CLAIMED:						\$140.25													
LESS ADVANCE:																			
BALANCE PAYABLE:						\$140.25													

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE:	Mar 2, 2017	SIGNATURE:	Carla
DATE:	Mar 13, 2017	APPROVAL:	M. Maclean
CAO INITIAL:	MM	ACCOUNT #:	10 260 4070 260190



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

NAME: Donald Martell
PERIOD COVERED: **FROM:** January 24, 2017 **TO:** January 24, 2017

PURPOSE OF TRAVEL CLAIM:
 Arena Maintenance Mid-Season Training Workshop

LOCATION OF MEETING/CONFERENCE:
 Membertou Recreation Centre

PLACE OF TRAVEL: **FROM:** Arichat **TO:** Sydney
NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 0
DATE AND TIME MEETING COMMENCED: Jan 24, 2017 - 8:30am
DATE AND TIME MEETING ENDED: Jan 24, 2017 - 3:30pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	243	X	\$0.4610	\$112.02
MEALS:				
# BREAKFASTS:	1	X	\$20	\$20.00
<i>Lunch Provided.</i> # LUNCHES:	0	X	\$25	\$0.00
<i>Course over @ 3:30 could have been here around 5pm.</i> # DINNERS:	1 0	X	\$30	\$30.00
INCIDENTALS:	# OF DAYS: 1	X	\$10	\$10.00
OTHER FEES (PLEASE SPECIFY):				

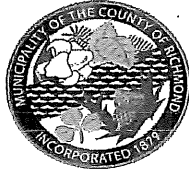
LWS

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

ADVANCE REQUESTED:
TOTAL EXPENSES CLAIMED: \$ 142.02 \$172.02
LESS ADVANCE:
BALANCE PAYABLE: \$ 142.02 \$172.02

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: Jan 30/17 **SIGNATURE:** Donald B Martell
DATE: 1/31/17 **APPROVAL:** Miss Gooddean
CAO INITIAL: *[Signature]* **ACCOUNT #:** 10.270.4150.270480



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

NAME: Shannon Mury
PERIOD COVERED: FROM: Feb 1-17 TO: Feb 1-17

PURPOSE OF TRAVEL CLAIM:
Laserfiche Meeting

LOCATION OF MEETING/CONFERENCE:
County of Antigonish Municipal Office

PLACE OF TRAVEL: FROM: West Arichat TO: Antigonish

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 0

DATE AND TIME MEETING COMMENCED: Feb 1-17 10:30am

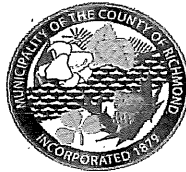
DATE AND TIME MEETING ENDED: Feb 1-17 1:00pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:	
# OF KILOMETERS:	196.2	X	\$0.4610	\$90.45	
MEALS:					
# BREAKFASTS:	0	X	\$20	\$0.00	
# LUNCHESES:	1	X	\$25	\$25.00	
# DINNERS:	0	X	\$30	\$0.00	
INCIDENTALS:	# OF DAYS:	1	X	\$10	\$10.00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="527 1396 1015 1669" data-label="Text"> <p>Goods Rec'd. Date..... Initial..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No..... Distribution: Acc't. No. 10 212 2120 212130</p> </div>					
TOTAL EXPENSES CLAIMED:				\$125.45	
LESS ADVANCE:				\$0.00	
BALANCE PAYABLE:				\$125.45	

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: Feb 11/17 **SIGNATURE:** [Signature]
DATE: Feb 7 2017 **APPROVAL:** [Signature]
CAO INITIAL: **ACCOUNT #:**



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: Shannon Mury

PERIOD COVERED: **FROM:** February 23, 2017 **TO:** February 24, 2017

PURPOSE OF TRAVEL CLAIM:
Fire Services Coordinator Meeting

LOCATION OF MEETING/CONFERENCE:
Fire School, Waverly NS

PLACE OF TRAVEL: **FROM:** West Arichat **TO:** Waverly

NUMBER OF DAYS: 1.5 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: Feb 24, 2017 9:30am

DATE AND TIME MEETING ENDED: Feb 24, 2017 4:20pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	586.6	X	\$0.4610	\$270.42
MEALS:				
# BREAKFASTS:	1	X	\$20	\$20.00
# LUNCHESES:	0	X	\$25	\$0.00
# DINNERS:	2	X	\$30	\$60.00
INCIDENTALS:	# OF DAYS:	1	X	\$10

OTHER FEES (PLEASE SPECIFY):

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

Handwritten: 135, 3, 130

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$360.42

LESS ADVANCE:

BALANCE PAYABLE: \$360.42

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: 2/27/17 **SIGNATURE:** *Shannon Mury*

DATE: 2/27/17 **APPROVAL:** *[Signature]*

CAO INITIAL: **ACCOUNT #:**



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

NAME: Shannon Mury

PERIOD COVERED: **FROM:** March 25, 2017 **TO:** March 26, 2017

PURPOSE OF TRAVEL CLAIM:
 FSANS Board Meeting

LOCATION OF MEETING/CONFERENCE:
 Brookfield Fire Hall, Brookfield, NS

PLACE OF TRAVEL: **FROM:** West Arichat **TO:** Brookfield

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 1

DATE AND TIME MEETING COMMENCED: March 26, 2017 10:00 am

DATE AND TIME MEETING ENDED: March 26, 2017 2:30 pm

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	463.2	X	\$0.4610	\$213.54
MEALS:				
# BREAKFASTS:	1	X	\$20	\$20.00
# LUNCHESES:	0	X	\$25	\$0.00
# DINNERS:	1	X	\$30	\$30.00
INCIDENTALS:	# OF DAYS:	1	X	\$10
OTHER FEES (PLEASE SPECIFY):				
*lunch was provided				
<div data-bbox="430 1423 925 1722" data-label="Text"> <p>Goods Rec'd. Date Initial..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No. Distribution: Acc't. No.</p> <p>212 2120 212150</p> <p>HST 3</p> </div>				
ADVANCE REQUESTED:				
TOTAL EXPENSES CLAIMED:				\$273.54
LESS ADVANCE:				\$0.00
BALANCE PAYABLE:				\$273.54

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: 3/27/17 **SIGNATURE:** *[Signature]*

DATE: **APPROVAL:** *[Signature]*

CAO INITIAL: **ACCOUNT #:**



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: Sharla Sampson

PERIOD COVERED: FROM: February 24, 2017 TO: February 24, 2017

PURPOSE OF TRAVEL CLAIM:
Cape Breton Connect/ Active for life update, followed by MPAL meeting with Wayne from the Department of Community, Culture and Heritage pertaining to the progress in Richmond County.

LOCATION OF MEETING/CONFERENCE:
Cape Breton Regional Municipality building Department of Community, Culture and Heritage Building

FROM: Arichat **TO:** Sydney

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 0

DATE AND TIME MEETING COMMENCED: 10:00 AM

DATE AND TIME MEETING ENDED: 3:30 PM

EXPENSES CLAIMED:

				TOTALS:	
TRAVEL:					
	# OF KILOMETERS:	246	X	\$0.4610	113.40
MEALS:					
	# BREAKFASTS:		X	\$20	\$0.00
	# LUNCHESES:		X	\$25	\$0.00
	# DINNERS:		X	\$30	\$0.00
INCIDENTALS:	# OF DAYS:	1	X	\$10	\$10.00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="470 1333 990 1669" data-label="Text"> <p>Goods Rec'd. Date..... Initial..... A Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No..... Distribution: Acc't. No. 172 4120 270130</p> </div>					
ADVANCE REQUESTED:					
				TOTAL EXPENSES CLAIMED:	\$ 123.40
				LESS ADVANCE:	
				BALANCE PAYABLE:	\$ 123.40

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: March 9, 2017 **SIGNATURE:** Sharla Sampson

DATE: March 9, 2017 **APPROVAL:** [Signature]

CAO INITIAL: [Signature] **ACCOUNT #:** 10 270 4120 270130



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

NAME: Sharla Sampson

PERIOD COVERED: **FROM:** March 6, 2017 **TO:** March 6, 2017

PURPOSE OF TRAVEL CLAIM:
Leadership Development Certificate Program - Dalhousie University PHASE 1

LOCATION OF MEETING/CONFERENCE:
Potlotek Band Office, Potlotek

FROM: Arichat **TO:** Potlotek

NUMBER OF DAYS: 1 **NUMBER OF NIGHTS:** 0

DATE AND TIME MEETING COMMENCED: 10:00 AM

DATE AND TIME MEETING ENDED: 2:30 PM

EXPENSES CLAIMED:

TRAVEL:				TOTALS:
# OF KILOMETERS:	93.8	X	\$0.4610	\$43.24
MEALS:				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHESES:		X	\$25	\$0.00
# DINNERS:		X	\$30	\$0.00
INCIDENTALS:	# OF DAYS: 1	X	\$10	\$10.00
OTHER FEES (PLEASE SPECIFY):				
<div data-bbox="435 1373 938 1696" data-label="Text"> <p>Goods Rec'd. Date..... Prices Checked..... Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No. 10 270 4120 270 130 Distribution: Acc't. No.....</p> </div>				

ADVANCE REQUESTED:

TOTAL EXPENSES CLAIMED: \$53.24

LESS ADVANCE:

BALANCE PAYABLE: \$53.24

I hereby certify that the meeting fees and expenses claimed herein are correct, and the entire fees/expenses were incurred on business for the Municipality of the County of Richmond.

DATE: March 9, 2017 **SIGNATURE:** Sharla Sampson

DATE: Mar 9, 2017 **APPROVAL:** [Signature]

CAO INITIAL: [Signature] **ACCOUNT #:** 10 270 4120 270 130