



THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTÉ DE

# RICHMOND

**NAME:** Chris Boudreau

**PERIOD COVERED:** FROM: April 19, 2017 TO: April 19, 2017

**PURPOSE OF TRAVEL CLAIM:**  
Region 1 Solid Waste Meeting. Met with representatives from Town of Port Hawkesbury, Inverness, Victoria and CBRM to discuss contractual obligations with Divert NS (formerly RRFB).

**LOCATION OF MEETING/CONFERENCE:**  
145 SPAR Rd - CBRM Solid Waste Facility

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

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

**DATE AND TIME MEETING COMMENCED:** April 19, 2017, 9:00 am

**DATE AND TIME MEETING ENDED:** April 19, 2017, 10:30 pm

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	254	X	\$0.4610	\$117.09	
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):					
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);">           Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. 10-242-3070-242110            Distribution Acct. No. 10-242-3070-242110         </div>					

**ADVANCE REQUESTED:**

**TOTAL EXPENSES CLAIMED:** \$137.09

**LESS ADVANCE:**

**BALANCE PAYABLE:** \$137.09

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 19/17	SIGNATURE:	<i>Chris Boudreau</i>
DATE:	April 20/17	APPROVAL:	<i>[Signature]</i>
CAO INITIAL:		ACCOUNT #:	10-242-3070-242110





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

**NAME:** Chris Boudreau, P.Eng  
**PERIOD COVERED:** FROM: April 24, 2017 TO: April 26, 2017

**PURPOSE OF TRAVEL CLAIM:**  
MPWWA Conference.

**LOCATION OF MEETING/CONFERENCE:**  
Halifax Marriott Harbourfront Hotel - 1919 Upper Water Street, Halifax

**PLACE OF TRAVEL:** FROM: Poirierville, NS TO: Halifax, NS  
**NUMBER OF DAYS:** 3 **NUMBER OF NIGHTS:** 2  
**DATE AND TIME MEETING COMMENCED:** April 24, 2017 - 8:30 am  
**DATE AND TIME MEETING ENDED:** April 26, 2017 - 1:30 pm

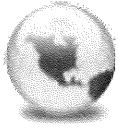
**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	* 410	X	\$0.4289	\$175.85	
MEALS:					
# BREAKFASTS:	1	X	\$20	\$20.00	
# LUNCHESES:	1	X	\$25	\$25.00	
# DINNERS:	0	X	\$30	\$0.00	
INCIDENTALS:	# OF DAYS:	2	X	\$10	\$20.00
OTHER FEES (PLEASE SPECIFY):					
East Coast Shuttle - Travel from Port Hastings to Halifax				\$60.00	
* 70¢ from Port Hastings plus one way mileage from Halifax to Port Hastings					

<b>ADVANCE REQUESTED:</b>	<b>TOTAL EXPENSES CLAIMED:</b>	\$300.85
	<b>LESS ADVANCE:</b>	
	<b>BALANCE PAYABLE:</b>	\$300.85

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 27/17 **SIGNATURE:** Chris Boudreau  
**DATE:** May 2, 2017 **APPROVAL:** [Signature]  
**CAO INITIAL:** [Blank] **ACCOUNT #:** 10.242.3070-242110



Your Apr 24, 2017 - Apr 26, 2017 stay at the Halifax Marriott Harbourfront Hotel  
 Thanks for staying!  
 to:  
 YBOUDREAU  
 05/05/2017 05:55 AM  
 Hide Details  
 From: Thanks for staying! <efolio@marriott.com>  
 To: YBOUDREAU@RICHMONDCOUNTY.CA  
 Please respond to Thanks for staying! <efolio@marriott.com>

Thank you for choosing the Halifax Marriott Harbourfront Hotel for your recent stay.

As requested, below is a billing summary or adjustment for your stay. **If you have questions about your bill**, please contact the hotel directly at (902) 421-1700.

Make another reservation on [Marriott.com](http://Marriott.com) >>

MARRIOTT

Marriott Rewards members may receive this email automatically after every stay.

Join Marriott Rewards today >>

**Summary of Your Stay**

**Hotel:** Halifax Marriott Harbourfront Hotel

1919 Upper Water Street  
 Halifax, Nova Scotia B3J 3J5  
 Canada  
 (902) 421-1700

**Guest:** BOUDREAU/CHRIS

MUNICIPALITY OF RICHMOND  
 XXX  
 XXX, NE 11111  
 USA

**Dates of stay:** Apr 24, 2017 - Apr 26, 2017

**Guest number:** 1775

**Marriott Rewards number:** None

**Room number:** 572

**Group number:** 8328

Date	Description	Reference	Charges	Credits
04/24/17	PARKING	# 177519	0.00	
04/24/17	PARKING	MM	24.00	
04/24/17	PRK TAX	MM	3.60	
04/24/17	TR ROOM	572, 1	174.00	
04/24/17	ROOM TAX	572, 1	26.62	
04/24/17	OCC LEVY	572, 1	3.48	
04/25/17	HRBSTONE	1296 572	0.00	
04/25/17	PARKING	#0177519	0.00	
04/25/17	PARKING	MM	24.00	
04/25/17	PRK TAX	MM	3.60	
04/25/17	GP ROOM	572, 1	159.00	
04/25/17	ROOM TAX	572, 1	24.33	
04/25/17	OCC LEVY	572, 1	3.18	

04/26/17	HRBSTONE	1431 572	0.00	
04/26/17	Payment - Visa XXXXXXXXXXXX██████████			445.81
04/28/17	MISC ADJ	RC	0.00	
04/28/17	Payment - Visa XXXXXXXXXXXX██████████			0.00
04/28/17	Payment - Visa XXXXXXXXXXXX██████████		445.81	
04/28/17	Payment - Direct Bill 2162 FROST/CECIL	CL 2162		445.81
<b>Total balance</b>				<b>0.00 CAD</b>

Treat yourself to the comfort of Marriott Hotels in your home.

[SHOP.MARRIOTT.COM](http://SHOP.MARRIOTT.COM)

### Important Information

#### Do Not Reply to this Email

This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (902) 421-1700.

#### Why Have I Received this Email?

You have received this email because you requested during your stay to receive an electronic version of your bill by email.

#### Availability

Electronic versions of your hotel bill, available by email from our over 2,300 participating properties in the Marriott family of hotels in the USA and Canada, are emailed to you within 72 hours of check-out. These email messages reflect changes made to your bill up to 11pm on your day of departure. Any adjustments after that time may not be shown.

If you have received this email in error, please notify us.

Learn more about eFolio, receiving your hotel bills by email.

#### Authenticity of Bills

Marriott retains official records of all charges and credits to your account and will honor only those records.

#### Privacy

Your privacy is important to Marriott. For full details of our privacy policy, please visit our Privacy Statement.

#### Credit of Marriott Rewards Points

After a stay, it may take up to 7 days for Marriott Rewards points to be credited to your account.

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37621

**MPWWA**

Box 28142  
Dartmouth, Nova Scotia B2W 6E2  
Canada

**INVOICE**

Invoice No.: 6231  
Date: 03/03/2017  
Ship Date:  
Page: 1  
Re: Order No.

**Sold to:**  
Municipality of the County of Richmond  
Box 120  
Arichat, NS B0E 1A0

**Ship to:**  
Municipality of the County of Richmond  
Box 120  
Arichat, NS B0E 1A0

Business No.: (HST # 806511911)

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			MPWWA Annual Seminar April 23-26 in Halifax, NS Registration for Chris Boudreau	X		255.00
			X - HST 15% NS S			38.25

Goods Rec'd. Date.....	Initial <u>CB</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>10-244-3070-248110</u>	

HST  
3

MPWWA S: #HST# 854525847)

Shipped By:	Tracking Number:	Total Amount	293.25
Comment:		Amount Paid	0.00
Sold By:		Amount Owing	293.25

Event

# Maritime Link Project Update

MARITIME LINK  
PROJECT UPDATE



619970214777254621001



Date+Time

Tuesday, 25 April 2017 from  
11:30 AM to 1:30 PM (ADT)

Location

Holiday Inn Sydney - Waterfront  
300 Esplanade  
Sydney, NS B1P 1A7  
Canada

Name

Maris Freimanis

Payment Status

Eventbrite  
Completed

Order Info

Order #619970214. Ordered by Yvonne Boudreau on 19 April 2017 11:59 AM

Type

RSVP \$23.00  
GST/HST \$3.00



619970214777254621001

## Registration Information:

Please choose a lunch option.  
Herb Roasted Chicken Breast with Mushroom Sauce and  
Roasted Potato

Do you have any dietary restrictions?  
no

## Eventbrite

**Do you organize events?**

Start selling in minutes with Eventbrite!  
[www.eventbrite.ca](http://www.eventbrite.ca)



THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTÉ DE

**RICHMOND**

<b>NAME:</b>	Maris Freimanis		
<b>PERIOD COVERED:</b>	<b>FROM:</b> April 20, 2017	<b>TO:</b> April 21, 2017	

**PURPOSE OF TRAVEL CLAIM:**  
Attend CAO/CEO Forum as per attached agenda

**LOCATION OF MEETING/CONFERENCE:**  
Holiday Inn, Truro

<b>PLACE OF TRAVEL:</b>	<b>FROM:</b> Port Hawkesbury	<b>TO:</b> Truro
<b>NUMBER OF DAYS:</b> 2	<b>NUMBER OF NIGHTS:</b> 1	
<b>DATE AND TIME MEETING COMMENCED:</b>	April 20 at 2:30 pm	
<b>DATE AND TIME MEETING ENDED:</b>	April 21 at 2:45 pm	

**EXPENSES CLAIMED:**

TRAVEL:					TOTALS:
# OF KILOMETERS:	366	X	\$0.4610		\$168.73
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	\$10.00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="503 1375 1015 1701" data-label="Text"> <p>Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No..... 10 212 2120 212            Distribution: Acc't. No.....</p> </div>					
<b>TOTAL EXPENSES CLAIMED:</b>					\$228.73
<b>LESS ADVANCE:</b>					
<b>BALANCE PAYABLE:</b>					\$228.73

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.

<b>DATE:</b> April 24, 2017	<b>SIGNATURE:</b>	<i>Maris Freimanis</i>
<b>DATE:</b>	<b>APPROVAL:</b>	
<b>CAO INITIAL:</b>	<b>ACCOUNT #:</b>	



Holiday Inn

RECEIVED  
APR 26 2017

04-26-17

Municipality of Richmond 2357 Hwy 206, PO Box 120 Arichat NS B0E 1A0 Canada  Frelmanis, Maris	Folio No.	: 127122	Room No. :	121
	A/R Number	: 85	Arrival :	04-20-17
	Group Code	: SMA	Departure :	04-21-17
	Company	: Municipality of Richmond	Conf. No. :	64634466
	Membership No. :		Rate Code :	
	Invoice No.	: 11407	Page No. :	1 of 1

Date	Description	Charges	Credits
04-20-17	*Accommodation	115.00	
04-20-17	HST Tax	17.25	
<b>Total</b>		<b>132.25</b>	<b>0.00</b>
<b>Balance</b>		<b>132.25</b>	

**Guest Signature:**

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Goods Rec'd. Date.....	Initial.....	A
Prices Checked.....		B
Add. & Ext. Checked.....		B
Approval for Payment.....		B
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10 212 2120 31-130		

Holiday Inn Conference Centre Truro  
437 Prince Street  
Truro, NS B2N 1E6  
Telephone: (902) 895-1651 Fax: (902) 893-9455

# Union of NS Municipalities

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

# INVOICE

Invoice No.: 5425  
 Date: 05/03/2017  
 Page: 1

**Sold to:**

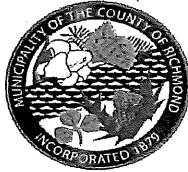
County of Richmond  
 P.O. Box 120  
 Arichat, Nova Scotia  
 B0E 1A0

**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
			CEO/CAO FORUM APRIL 2017			
		1	MARIS FREIMANIS	H	350.00	350.00
		1	BRIAN MARCHAND	H	350.00	350.00
			H - HST 15%			
			HST			105.00
Union of NS Municipalities HST: #108150616						
<b>Comment:</b>					<b>Total Amount</b>	<b>805.00</b>



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

**NAME:** Cecil Frost

**PERIOD COVERED:** FROM: April 23, 2017 TO: April 26, 2017

**PURPOSE OF TRAVEL CLAIM:**

MPWWA Annual Training Conference

**LOCATION OF MEETING/CONFERENCE:**

Halifax, NS - Marriott Harbourfront

**PLACE OF TRAVEL:** FROM: Louisdale TO: Halifax

**NUMBER OF DAYS:** 4 **NUMBER OF NIGHTS:** 3

**DATE AND TIME MEETING COMMENCED:** Monday, Apr 24/17 8:30am

**DATE AND TIME MEETING ENDED:** Wednesday, April 26/17 1:30pm

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	59	X	\$0.4289	\$25.31	
<b>MEALS:</b>					
# BREAKFASTS:	2	X	\$20	\$40.00	
# LUNCHESES:	1	X	\$25	\$25.00	
# DINNERS:	1	X	\$30	\$30.00	
<b>INCIDENTALS:</b>	# OF DAYS:	3	X	\$10	\$30.00
<b>OTHER FEES (PLEASE SPECIFY):</b>					
Maritime Bus Ticket Fee, receipt attached				\$111.79	
Goods attached					
Prices Checked					
Add. & Ext. Checked					
Approval for Payment					
Discount Date					
Paid by Cheque No.					
Distribution Acc't. No.	30-285-6050-284250				

**ADVANCE REQUESTED:**

**TOTAL EXPENSES CLAIMED:** \$262.10

**LESS ADVANCE:**

**BALANCE PAYABLE:** \$262.10

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 27, 2017	SIGNATURE:	<i>Cecil Frost</i>
DATE:	April 27/17	APPROVAL:	<i>Chris Goodreau</i>
CAO INITIAL:	<i>CF</i>	ACCOUNT #:	30-285-6050-284250

Thank you for choosing the Halifax Marriott Harbourfront Hotel for your recent stay.

As requested, below is a billing summary or adjustment for your stay. **If you have questions about your bill**, please contact the hotel directly at (902) 421-1700.

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**MARRIOTT**

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**Summary of Your Stay**

**Hotel: Halifax Marriott Harbourfront Hotel**

1919 Upper Water Street  
Halifax, Nova Scotia B3J 3J5  
Canada  
(902) 421-1700

**Guest: FROST/CECIL**  
MUNICIPALITY OF RICHMOND

**Dates of stay:** Apr 23, 2017 - Apr 26, 2017

**Guest number:** 1536

**Marriott Rewards number:** None

**Room number:** 526

**Group number:**

Date	Description	Reference	Charges	Credits
04/23/17	TR ROOM	526, 1	239.00	
04/23/17	ROOM TAX	526, 1	36.57	
04/23/17	OCC LEVY	526, 1	4.78	
04/24/17	TR ROOM	526, 1	259.00	
04/24/17	ROOM TAX	526, 1	39.63	
04/24/17	OCC LEVY	526, 1	5.18	
04/25/17	TR ROOM	526, 1	259.00	
04/25/17	ROOM TAX	526, 1	39.63	
04/25/17	OCC LEVY	526, 1	5.18	
04/26/17	Payment - Cash	OSTAT		0.00
04/28/17	Payment - Direct Bill 2162 FROST/CECIL	CL 2162		887.97

*Hotel Room for Cecil Frost, HJ*

**Total balance**

**0.00 CAD**

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**Important Information**

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Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Appl. No. 302856050 284250	

*HBT 3*

37621

**MPWWA**

Box 28142  
Dartmouth, Nova Scotia B2W 6E2  
Canada

**INVOICE**

Invoice No.: 6387  
Date: 03/28/2017  
Ship Date:  
Page: 1  
Re: Order No.:

**Sold to:**

Municipality of the County of Richmond  
Box 120  
Arichat, NS B0E 1A0

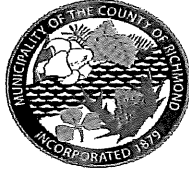
**Ship to:**

Municipality of the County of Richmond  
Box 120  
Arichat, NS B0E 1A0

Business No.: (HST # 806511911)

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			MPWWA Annual Seminar April 23-26 in Halifax, NS Registration for Cecil Frost	X		255.00
			X - HST 15% NS S			38.25
<div data-bbox="495 1045 1031 1297" data-label="Text"> <p>Goods Rec'd. Date..... Initial... <i>OS</i>  Prices Checked..... <i>A</i>  Add. &amp; Ext. Checked..... <i>A</i> <i>HST 3</i>  Approval for Payment.....  Discount Date.....  Paid by Cheque No.....  Distribution: Acc't. No. <i>30 285 6050 284250</i></p> </div>						
MPWWA S: #HST# 854525847						
Shipped By: Tracking Number:					Total Amount	293.25
Comment:					Amount Paid	0.00
Sold By:					Amount Owing	293.25





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

**NAME:** Jason MacMillan

**PERIOD COVERED:** FROM: April 4, 2017 TO: April 6, 2017

**PURPOSE OF TRAVEL CLAIM:**  
 MPWWA Training Courses - VFD's and Pumps

**LOCATION OF MEETING/CONFERENCE:**  
 Sansom Equipment, 100 Upham Drive, Truro

**PLACE OF TRAVEL:** FROM: Arichat TO: Truro

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

**DATE AND TIME MEETING COMMENCED:** April 5, 2017 - 8:30am

**DATE AND TIME MEETING ENDED:** April 6, 2017 - 4:00pm

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	420	X	\$0.4610	\$193.62	
MEALS:					
# BREAKFASTS:	2	X	\$20	\$40.00	
# LUNCHESES:	2	X	\$25	\$50.00	
# DINNERS:	3	X	\$30	\$90.00	
INCIDENTALS:	# OF DAYS:	3	X	\$10	\$30.00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="560 1375 1055 1669" data-label="Text"> <p>Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. 10-242-3070-242110            Distribution Acc't. No. 10-242-3070-242110</p> </div>					

**ADVANCE REQUESTED:**

**TOTAL EXPENSES CLAIMED:** \$403.62

**LESS ADVANCE:**

**BALANCE PAYABLE:** \$403.62

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 7, 2017 **SIGNATURE:** [Signature]

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

**CAO INITIAL:** [Signature] **ACCOUNT #:** 10-242-3070-242110

# Course Registration Received

Thank you for your registration. Details are shown below:

Please make cheque or money order payable to MPWWA and mail to:

MPWWA  
c/o Clara Shea  
Box 28142  
Dartmouth, NS  
B2W 6E2

Goods Rec'd. Date.....	Initial <i>CS</i>
Prices Checked.....	
Add. & Ext. Checked.....	<i>JK</i>
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <i>10-242-3070-242-110</i>	

655  
3

## PERSONAL INFORMATION

Order Number: 20170308152356gzvq  
 Payment Option: Cheque/Money Order/PO  
 PO Number: Training Jason MacMillan  
 Name: Jason MacMillan  
 Phone: 9022263989  
 Fax:  
 Street: 2357 Highway 206  
 PO Box: PO Box 120  
 City: Arichat  
 Province: NS  
 Postal Code: B0E1A0  
 e-mail: jmacmillan@richmondcounty.ca  
 Employer: Municipality of the County of Richmond  
 Member: Yes  
 Membership Number: 0097

## SELECTED COURSES

Introduction to Motor Controls & Variable Frequency Drives - Truro, NS

2017/04/05 - 2017/04/05

Non Member Price: \$287.50      Member Price: \$258.75

\$258.75

Pumps - Operations & Maintenance - Truro, NS

2017/04/06 - 2017/04/06

Non Member Price: \$287.50      Member Price: \$258.75

\$258.75

**TOTAL AMOUNT DUE:**

**\$517.50**

Print!



# Holiday Inn

04-06-17

Municipality of Richmond 2357 Hwy 206, PO Box 120 Arichat NS B0E 1A0 Canada  MacMillan, Jason	Folio No. :	126675	Room No. :	201
	A/R Number :	85	Arrival :	04-04-17
	Group Code :		Departure :	04-06-17
	Company :	Municipality of Richmond	Conf. No. :	66127737
	Membership No. :		Rate Code :	IP2JJ
	Invoice No. :	11374	Page No. :	1 of 1

Date	Description	Charges	Credits
04-04-17	*Accommodation	100.00	
04-04-17	HST Tax	15.00	
04-05-17	*Accommodation	100.00	
04-05-17	HST Tax	15.00	
<b>Total</b>		<b>230.00</b>	<b>0.00</b>
<b>Balance</b>		<b>230.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

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

HST 3





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

**NAME:** Brian Marchand

**PERIOD COVERED:** **FROM:** April 25-2017 **TO:** April 25-2017

**PURPOSE OF TRAVEL CLAIM:**

Cape Breton Partnership - Maritime Link Update

**LOCATION OF MEETING/CONFERENCE:**

Holiday Inn - Kings Road - Sydney

**PLACE OF TRAVEL:** **FROM:** Louisdale **TO:** Sydney

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

**DATE AND TIME MEETING COMMENCED:** April 25 -11:30 AM

**DATE AND TIME MEETING ENDED:** April 25 -1:30 PM

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	211	X	\$0.4289	\$90.50	
MEALS:					
# BREAKFASTS:	0	X	\$20	\$0.00	
# LUNCHES:	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);">           Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. 10 210 2100 210 110            Distribution Acct. No.         </div>					
<b>TOTAL EXPENSES CLAIMED:</b>				\$90.50	
<b>LESS ADVANCE:</b>					
<b>BALANCE PAYABLE:</b>				\$90.50	

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:		SIGNATURE:	Brian Marchand
DATE:	May 1, 2017	APPROVAL:	[Signature]
CAO INITIAL:		ACCOUNT #:	

Event

# Maritime Link Project Update

MARITIME LINK  
PROJECT UPDATE



619970214777254622001



Date+Time

Location

Name

Brian Marchand

Tuesday, 25 April 2017 from  
11:30 AM to 1:30 PM (ADT)

Holiday Inn Sydney - Waterfront  
300 Esplanade  
Sydney, NS B1P 1A7  
Canada

Payment Status

Eventbrite  
Completed

Order Info

Order #619970214. Ordered by Yvonne Boudreau on 19 April 2017 11:59 AM



Type

RSVP \$23.00  
GST/HST \$3.00



619970214777254622001

## Registration Information:

Please choose a lunch option.  
Herb Roasted Chicken Breast with Mushroom Sauce and  
Roasted Potato

Do you have any dietary restrictions?  
no

## Eventbrite

**Do you organize events?**

Start selling in minutes with Eventbrite!  
[www.eventbrite.ca](http://www.eventbrite.ca)





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

**NAME:** Don Marchand  
**PERIOD COVERED:** **FROM:** April 21, 2017 **TO:** April 21, 2017

**PURPOSE OF TRAVEL CLAIM:**  
 Meeting with Lorne MacDowell

**LOCATION OF MEETING/CONFERENCE:**  
 Port Hawkesbury

**PLACE OF TRAVEL:** **FROM:** Louisdale *Anchar* **TO:** Port Hawkesbury

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

**DATE AND TIME MEETING COMMENCED:** Friday, April 21, 2017 11:00am

**DATE AND TIME MEETING ENDED:** Friday, April 21, 2017 12:00pm

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	90	X	\$0.4610	\$41.49	
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 data-bbox="462 1375 1031 1690" data-label="Text"> <p>Goods Rec'd. Date..... Initial..... <i>D.M.</i>            Prices Checked..... <i>HST 3</i>            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. .... <i>10-212-2120-2130</i>            Distribution: Acc't. No. .... <i>10-212-2120-2130</i></p> </div>					

**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:** April 21/17 **SIGNATURE:** *Don Marchand*

**DATE:** 4/24/17 **APPROVAL:** *James Martell*

**CAO INITIAL:** **ACCOUNT #:** 10-212-2120-212130



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

**NAME:** Josette Marchand  
**PERIOD COVERED:** FROM: April 17, 2017 TO: April 18, 2017

**PURPOSE OF TRAVEL CLAIM:**  
 Provincial Volunteer Banquet

**LOCATION OF MEETING/CONFERENCE:**  
 Westin Halifax, Halifax, Nova Scotia

**PLACE OF TRAVEL:** FROM: Arichat TO: Halifax  
**NUMBER OF DAYS:** 2 **NUMBER OF NIGHTS:** 2  
**DATE AND TIME MEETING COMMENCED:** 10:00 AM  
**DATE AND TIME MEETING ENDED:** 3:00 PM

**EXPENSES CLAIMED:**

				TOTALS:
<b>TRAVEL:</b>				
# OF KILOMETERS:		X	\$0.4610	\$0.00
<b>MEALS:</b>				
# BREAKFASTS:	1	X	\$20	\$20.00
# LUNCHESES:		X	\$25	\$0.00
# DINNERS:	1	X	\$30	\$30.00
<b>INCIDENTALS:</b>	<b># OF DAYS:</b>	1	X	\$10
<b>OTHER FEES (PLEASE SPECIFY):</b>				
Did not require accommodations at hotel.				
Arrived in Lower River at 6:30 pm.				

Stamp: Bank Rec'd. Date..... Initial.....  
 Prices Checked.....  
 Add. & Ext. Checked.....  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No. 10 270 4120 270170  
 Distribution Acc't. No. 10 270 4120 270170

**ADVANCE REQUESTED:**  
**TOTAL EXPENSES CLAIMED:** \$60.00  
**LESS ADVANCE:**  
**BALANCE PAYABLE:** \$60.00

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 20, 2017 **SIGNATURE:** [Signature]  
**DATE:** April 20, 2017 **APPROVAL:** [Signature]  
**CAO INITIAL:** [Initials] **ACCOUNT #:** 10 270 4120 270170



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

**INVOICE DETAILS**

Invoice from: Josette Marchand

Date: April 20, 2017

Amount: 256.33

**Purpose of Expense:**

Supper with Volunteer, wife and two children with Municipal employees – Josette and Tracy Randall.  
  
(see attached emails)

*Josette Marchand*

**Other:**

Goods Rec'd. Date.....	.....	Initial.....	
Prices Checked.....			
Add. & Ext. Checked.....			
Approval for Payment.....			
Discount Date.....			
Paid by Cheque No.....	10 270 4130	270 260	
Distribution: Acc't. No.....			

*HST-3*

\_\_\_\_\_  
DIRECTOR'S APPROVAL

*Josette Marchand*

\_\_\_\_\_  
CAO APPROVAL

RISTORANTE AMANO  
1477 LOWER WATER ST  
HALIFAX, NS B3J3Z4  
9024236266

**SALE**

Server #: 000009  
MID: 5863940  
TID: 005 REF#: 00000008  
Batch #: 179  
04/17/17 21:29:28  
APPR CODE: 017025  
MASTERCARD Chip

AMOUNT	\$213.61
TIP	\$42.72
TOTAL	\$256.33

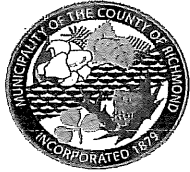
APPROVED

MasterCard  
AID: A0000000041010  
TVR: 00 00 00 80 00  
TS: E8 00

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

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY



THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTÉ DE

**RICHMOND**

**NAME:** Carla Martell

**PERIOD COVERED:** FROM: April 5, 2017 TO: April 5, 2017

**PURPOSE OF TRAVEL CLAIM:**  
Meeting re: LNGL projects

**LOCATION OF MEETING/CONFERENCE:**  
Guysborough Municipal Office

**PLACE OF TRAVEL:** FROM: Municipal Office TO: 33 Pleasant St. Guysborough, NS

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

**DATE AND TIME MEETING COMMENCED:** April 5, 2017 @ 11:00am

**DATE AND TIME MEETING ENDED:** April 5, 2017 @ 2:00pm

**EXPENSES CLAIMED:**

				TOTALS:
<b>TRAVEL:</b>				
# OF KILOMETERS:	208	X	\$0.4610	\$95.89
<b>MEALS:</b>				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHESES:		X	\$25	\$0.00
# DINNERS:		X	\$30	\$0.00
<b>INCIDENTALS:</b>	<b># OF DAYS:</b>	1	X	\$10
<b>OTHER FEES (PLEASE SPECIFY):</b>				
<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. 10 260 4070 260190            Distribution: Acc't. No. 10 260 4070 260190</p> </div>				
<b>ADVANCE REQUESTED:</b>				
<b>TOTAL EXPENSES CLAIMED:</b>				\$105.89
<b>LESS ADVANCE:</b>				
<b>BALANCE PAYABLE:</b>				\$105.89

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 7/17 **SIGNATURE:** *(Signature)*  
**DATE:** April 7/17 **APPROVAL:** *(Signature)*  
**CAO INITIAL:** *(Initials)* **ACCOUNT #:** 10 260 4070 260190

10 260 4070 260190





THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTÉ DE

# RICHMOND

**NAME:** Shannon Mury

**PERIOD COVERED:** **FROM:** April 8, 2017 **TO:** April 9, 2017

**PURPOSE OF TRAVEL CLAIM:**  
FSANS Conference, Fire Services Co-ordinator Mtg

**LOCATION OF MEETING/CONFERENCE:**  
Holiday Inn, Truro, NS

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

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

**DATE AND TIME MEETING COMMENCED:** April 8, 2017 8:00:00 AM

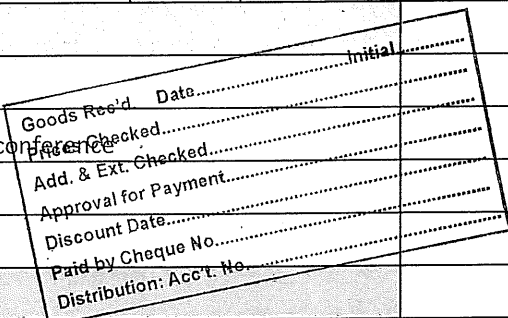
**DATE AND TIME MEETING ENDED:** April 9, 2017 1:00 pm

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	452.8	X	\$0.4610	\$208.74	
MEALS:					
# BREAKFASTS:	2	X	\$20	\$40.00	
# LUNCHES:	0	X	\$25	\$0.00	
# DINNERS:	1	X	\$30	\$30.00	
INCIDENTALS:	# OF DAYS:	3	X	\$10	\$30.00

**OTHER FEES (PLEASE SPECIFY):**

\* travelled the Friday afternoon to set up for conference



**ADVANCE REQUESTED:**

<b>TOTAL EXPENSES CLAIMED:</b>	\$308.74
<b>LESS ADVANCE:</b>	\$0.00
<b>BALANCE PAYABLE:</b>	\$308.74

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:	4/10/17	SIGNATURE:	<i>[Signature]</i>
DATE:	4/10/17	APPROVAL:	<i>[Signature]</i>
CAO INITIAL:		ACCOUNT #:	

04800



# FIRE SERVICE ASSOCIATION OF NOVA SCOTIA

3590 Cameron Settlement Road  
RR # 1, Aspen, NS B0H 1E0

Email: [admin@fsans.ns.ca](mailto:admin@fsans.ns.ca)  
Website – [www.fsans.ns.ca](http://www.fsans.ns.ca)  
Phone – (902) 833-2037

## ANNUAL CONFERENCE

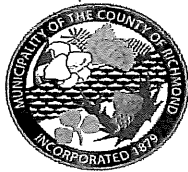
APRIL 08 AND 09, 2017

Truro, Holiday Inn

## REGISTRATION FORM

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. / 0 212 2120 212130	

<u>Name(s) Attending:</u> Shannon Mury	
<u>Fire Department:</u> Richmond County Fire Services Coordinator	
<u>Mailing Address:</u> 2357 Hwy 206 PO Box 120 Inverness NS B0E 1A0	
<u>Phone Number:</u> (902) 226-0663	
<u>E-Mail Address:</u> Smury@richmondcounty.ca	
<u>Registration Fee:</u>	Early Registration - \$100.00 prior to April 02, 2017 includes Saturday and Sunday Lunch and Saturday Night Banquet Dinner and one refreshment ticket. 100.
<b>Will you be attending banquet Saturday Evening</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Extra for Guest for Saturday Night Dinner: \$30.00. each	
<b>TOTAL AMOUNT</b> 100.00	
Please make Cheque Payable to: "Fire Service Association of Nova Scotia" and mail to above address	



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

**NAME:** Shannon Mury

**PERIOD COVERED:** FROM: April 19, 2017 TO: April 19, 2017

**PURPOSE OF TRAVEL CLAIM:**  
 IT Focus Group

**LOCATION OF MEETING/CONFERENCE:**  
 NSCC - SAC (also stopped at RECA to provide tech support to DW MacLean)

**PLACE OF TRAVEL:** FROM: West Archat TO: Port Hastings

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

**DATE AND TIME MEETING COMMENCED:**

**DATE AND TIME MEETING ENDED:**

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	88.3	X	\$0.4610	\$40.71	
MEALS:					
# BREAKFASTS:	0	X	\$20	\$0.00	
# LUNCHES:	0	X	\$25	\$0.00	
# DINNERS:	0	X	\$30	\$0.00	
INCIDENTALS:	# OF DAYS:	1	X	\$10	\$10.00
<b>OTHER FEES (PLEASE SPECIFY):</b>					
Returned back to the office in Arichat					

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

**ADVANCE REQUESTED:**

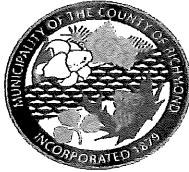
<b>TOTAL EXPENSES CLAIMED:</b>	\$50.71
<b>LESS ADVANCE:</b>	\$0.00
<b>BALANCE PAYABLE:</b>	\$50.71

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:** 4/19/17 **SIGNATURE:** [Signature]

**DATE:** 4/20/17 **APPROVAL:** [Signature]

**CAO INITIAL:** **ACCOUNT #:**



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

**NAME:** Kevin Pardy  
**PERIOD COVERED:** FROM: April 3, 2017 TO: April 6, 2017

**PURPOSE OF TRAVEL CLAIM:**  
 Electrical Course, VFD's and Controls Course, Pumps Course

**LOCATION OF MEETING/CONFERENCE:**  
 Truro 100 Upland Drive, Truro

**PLACE OF TRAVEL:** FROM: Arichat TO: Truro

**NUMBER OF DAYS:** 4 **NUMBER OF NIGHTS:** 3

**DATE AND TIME MEETING COMMENCED:** Tuesday, April 04, 2017 8:30am

**DATE AND TIME MEETING ENDED:** Thursday, April 06, 2017 4:30am

**EXPENSES CLAIMED:**

TRAVEL:				TOTALS:	
# OF KILOMETERS:	0	X	\$0.4610	\$0.00	
MEALS:					
# BREAKFASTS:	3	X	\$20	\$60.00	
# LUNCHES:	3	X	\$25	\$75.00	
# DINNERS:	4	X	\$30	\$120.00	
INCIDENTALS:	# OF DAYS:	4	X	\$10	\$40.00
OTHER FEES (PLEASE SPECIFY):					
<div data-bbox="495 1354 998 1659" data-label="Text"> <p>Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. 10 242 3080 24 2210            Distribution: Acc't. No. 10 242 3080 24 2210</p> </div>					

**ADVANCE REQUESTED:**

**TOTAL EXPENSES CLAIMED:** \$295.00

**LESS ADVANCE:**

**BALANCE PAYABLE:** \$295.00

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 7/17 **SIGNATURE:** Kevin Pardy  
**DATE:** **APPROVAL:** [Signature]  
**CAO INITIAL:** [Signature] **ACCOUNT #:** 10.242.3080.24.2210



# Holiday Inn

04-06-17

<b>Municipality of Richmond</b> 2357 Hwy 206, PO Box 120 Arichat NS B0E 1A0 Canada	Folio No. : 126641 A/R Number : 85 Group Code : Company : Municipality of Richmond Membership No. : Invoice No. : 11370	Room No. : 203 Arrival : 04-03-17 Departure : 04-06-17 Conf. No. : 63002516 Rate Code : IP2JJ Page No. : 1 of 1
---	--	--

Date	Description	Charges	Credits
04-03-17	*Accommodation	100.00	
04-03-17	HST Tax	15.00	
04-04-17	*Accommodation	100.00	
04-04-17	HST Tax	15.00	
04-05-17	*Accommodation	100.00	
04-05-17	HST Tax	15.00	
<b>Total</b>		<b>345.00</b>	<b>0.00</b>
<b>Balance</b>		<b>345.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Goods Rec'd. Date.....	Initial.....	A
Prices Checked.....		A
Add. & Ext. Checked.....		A
Approval for Payment.....		A
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10 242 3080 242 210		

HST 3

# Course Registration Received

Thank you for your registration. Details are shown below:

Please make cheque or money order payable to MPWWA and mail to:

MPWWA  
c/o Clara Shea  
Box 28142  
Dartmouth, NS  
B2W 6E2

Goods Rec'd. Date.....	Initial.....	CB
Prices Checked.....		0
Add. & Ext. Checked.....		0
Approval for Payment.....		0
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	10-240-3080-242210	

HSF 3

## PERSONAL INFORMATION

Order Number: 20170307133529pzgf  
 Payment Option: Cheque/Money Order/PO  
 PO Number: Training Kevin Pardy  
 Name: Kevin Pardy  
 Phone: 902-227-5629  
 Fax:  
 Street: 2357 Highway 206  
 PO Box: PO Box 120  
 City: Arichat  
 Province: NS  
 Postal Code: B0E1A0  
 e-mail: kpardy@richmondcounty.ca  
 Employer: Municipality of the County of Richmond  
 Member: Yes  
 Membership Number: 0344

## SELECTED COURSES

Electrical Awareness - Truro, NS  
 2017/04/04 - 2017/04/04  
 Non Member Price: \$287.50      Member Price: \$258.75      \$258.75

Introduction to Motor Controls & Variable Frequency Drives - Truro, NS  
 2017/04/05 - 2017/04/05  
 Non Member Price: \$287.50      Member Price: \$258.75      \$258.75

Pumps - Operations & Maintenance - Truro, NS  
 2017/04/06 - 2017/04/06  
 Non Member Price: \$287.50      Member Price: \$258.75      \$258.75

**TOTAL AMOUNT DUE:**

**\$776.25**



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

**NAME:** Tracy Randall  
**PERIOD COVERED:** FROM: 04/17/17 TO: 04/18/17

**PURPOSE OF TRAVEL CLAIM:**  
 To attend the Provincial Volunteer Awards Ceremony on April 18th, 2017. I also accompanied our Volunteer Representative, Tony Pierce, out to supper Monday evening (April 17th).

**LOCATION OF MEETING/CONFERENCE:**  
 Westin, Halifax, NS

**PLACE OF TRAVEL:** FROM: Whiteside TO: Halifax  
**NUMBER OF DAYS:** 2 **NUMBER OF NIGHTS:** 1  
**DATE AND TIME MEETING COMMENCED:** 9:30 am, April 18th, 2017  
**DATE AND TIME MEETING ENDED:** 3:00 pm, April 18th, 2017

EXPENSES CLAIMED:					TOTALS:
<b>TRAVEL:</b>					
# OF KILOMETERS:	574	X	\$0.4610		\$264.61
<b>MEALS:</b>					
# BREAKFASTS:	1	X	\$20		\$20.00
# LUNCHESES:	1	X	\$25		\$25.00
# DINNERS:	1	X	\$30		\$30.00
<b>INCIDENTALS:</b>	# OF DAYS:	2	X	\$10	\$20.00
<b>OTHER FEES (PLEASE SPECIFY):</b>					
<div data-bbox="479 1354 998 1690" data-label="Text"> <p>Goods Rec'd. Date..... Initial.....            Prices Checked.....            Add. &amp; Ext. Checked.....            Approval for Payment.....            Discount Date.....            Paid by Cheque No. 10 270 4130            Distribution: Acc't. No. 270 260</p> </div>					
<b>ADVANCE REQUESTED:</b>					
<b>TOTAL EXPENSES CLAIMED:</b>					\$359.61
<b>LESS ADVANCE:</b>					
<b>BALANCE PAYABLE:</b>					\$359.61

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 19/17 **SIGNATURE:** Tracy Randall  
**DATE:** April 19/17 **APPROVAL:** [Signature]  
**CAO INITIAL:** [Signature] **ACCOUNT #:** 10 270 4130 270 260

# 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 57404  
 Invoice Date 04-18-2017

INVOICE

Tax ID - 899994933 RT0001

Date	Description	Charge	Credit	Balance
04/18/17	936807/Folio ***Pierce, Tony 1012 (Volunteer)			
04/17/17	Room Charge	142.00		
04/17/17	HRM Levy 2.0%	2.84		
04/17/17	HST Tax - Room 15%	21.73		
		166.57		166.57
04/18/17	936810/Folio ***Randall, Tracy 606			
04/17/17	Room Charge	142.00		
04/17/17	HRM Levy 2.0%	2.84		
04/17/17	HST Tax - Room 15%	21.73		
		166.57		166.57

Goods Rec'd. Date.....	Initial.....	A
Prices Checked.....		A
Add. & Ext. Checked.....		A
Approval for Payment.....		A
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10 270 4130 270260		

HST 3

10 270 4130 270260

166.57  
166.57

Current	Over 30	Over 60	Over 90	Balance
333.14				333.14





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

**NAME:** Sharla Sampson

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

**PURPOSE OF TRAVEL CLAIM:**  
 Meeting 1: Cape Breton Regional Swimming Meeting with the NS Lifesaving Society Meeting 2: Active Cape Breton Communities Meeting

**LOCATION OF MEETING/CONFERENCE:**  
 Membertou Heritage Park, Membertou

**PLACE OF TRAVEL:** FROM: Arichat TO: Membertou

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

**DATE AND TIME MEETING COMMENCED:** April 6, 2017 @ 10:00:00 AM

**DATE AND TIME MEETING ENDED:** April 6, 2017 @ 3:30:00 PM

**EXPENSES CLAIMED:**

				TOTALS:
<b>TRAVEL:</b>				
# OF KILOMETERS:	246	X	\$0.4610	\$113.41
<b>MEALS:</b>				
# BREAKFASTS:		X	\$20	\$0.00
# LUNCHESES:	1	X	\$25	\$25.00
# DINNERS:		X	\$30	\$0.00
<b>INCIDENTALS:</b>	<b># OF DAYS:</b>	1	X	\$10
<b>OTHER FEES (PLEASE SPECIFY):</b>				

Goods Rec'd. Date..... Initial.....  
 Prices Checked.....  
 Add. & Ext. Checked.....  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No.....  
 Distribution: Acc't. No. 10 270 4120 270 130

**ADVANCE REQUESTED:**

**TOTAL EXPENSES CLAIMED:** \$148.41

**LESS ADVANCE:**

**BALANCE PAYABLE:** \$148.41

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 7, 2017 **SIGNATURE:** Sharla Sampson

**DATE:** April 7, 2017 **APPROVAL:** [Signature]

**CAO INITIAL:** **ACCOUNT #:** 10 270 4120 270 130