



THE MUNICIPALITY OF THE COUNTY OF RICHMOND
LA MUNICIPALITÉ DE COMITÉ DE RICHMOND

NAME: Jason MacLean			
PERIOD COVERED:			
FROM: November 17, 2016		TO: April 24, 2017	
DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
Nov. 17	Meeting with Municipal Affairs at Municipal Office.	63.00	
Nov. 22	Meeting with Warden, Councillor Boucher and RCMP.	63.00	
Dec. 5	Meeting with Warden, Councillor Boucher and Councillor Goyetche regarding CAO hiring.	63.00	
Dec. 13	Meeting with Warden Marchand regarding CAO hiring.	63.00	
Jan. 2	Meeting with Councillors and CAO Freimanis regarding COSW position.	63.00	
Jan. 22	Meeting at PHCC with MLA, Town of PH, Rich. Literacy regarding COSW position.	81.00	
Jan. 25	Strategic Planning session with Mun. Affairs at Municipal Office.	63.00	
Jan. 30	Policy Committee meeting at Municipal Office.	63.00	
Feb. 8	Roundtable with Cape Breton Partnership at Municipal Office.	63.00	
Jan. 9	Committee of the Whole.	63.00	
Jan. 23	Regular Council	63.00	
Feb. 27	Regular Council	63.00	
Mar. 8	Meeting at PHCC regarding Strait Area Transit.	81.00	
Mar. 13	Committee of the Whole.	63.00	
Feb. 22	Meeting with Warden Marchand, CAO and SPEDO.	18.00	
Mar. 27	Regular Council	63.00	
Apr. 3	Policy Committee meeting at Municipal Office.	63.00	
Apr. 6	Meeting with Warden Marchand and Greg Silver.	18.00	
Apr. 10	Committee of the Whole.	63.00	
Apr. 24	Regular Council	63.00	
Totals:		1206.00	\$0.00
Rate:		\$0.4610	
Total Mileage (\$):		\$555.97	
Total Expenses Claimed:		\$555.97	

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, 211, 210, 130

ACCOUNT #:		CHEQUE #:	
SIGNATURE:	<i>Jason MacLean</i>	AMOUNT:	
APPROVED:	<i>Warden Marchand</i>	DATE PAID:	
		INITIAL:	

HSI
3

SCHEDULE "B"



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

MUNICIPALITY OF THE COUNTY OF RICHMOND TRAVEL EXPENSE CLAIM

Name of Claimant:	Jason MacMillan
Destination:	Pictou Lodge
Purpose of Travel:	Municipal Public Works Association of Nova Scotia Spring Conference
Departure Date/Time:	May 24, 2017 / 8:30am
Return Date/Time:	May 26, 2017 / 4:00pm
Approval to Travel	Approved by Chris Boudreau P.Eng. on Feb 6/17 via email

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	✓ 156	0	✓ 156	0	0	133.82
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>	Pictou Lodge: DB	Pictou Lodge: DB	Pictou Lodge: DB			
Meals: Breakfast \$20						0.00
Lunch \$25	✓ 25		✓ 25			50.00
Dinner \$30	✓ 30					30.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)	✓ 10	✓ 10				20.00
Taxi/Parking/Tolls (Receipts Required)						0.00
Total Amount Being Claimed						233.82

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

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

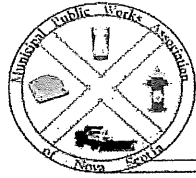
I confirm that I attended 80% or more of the conference I attended: Initial J.M.M. N/A

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

Claimant Signature:	<i>J.M.M.</i>
Date:	May 29, 2017
Travel Approved by Supervisor:	<i>Chris Boudreau</i>
GL Code:	10-242-3070-242110

Goods Rec'd. Date.....	Initial <u>CB</u>
Prices Checked.....	0
Add. & Ext. Checked.....	0
Approval for Payment.....	0
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No <u>10-242-3070-242110</u>	

42112



Municipal Public Works Association of Nova Scotia

MPWANS Spring Conference 2017

The Towns of New Glasgow, Stellarton, Trenton, Pictou, Westville and the Municipality of the County of Pictou, are jointly hosting the Spring Conference for the Municipal Public Works Association of Nova Scotia (MPWANS). The conference will be held at the Pictou Lodge Beach Resort in Caribou, Pictou County on May 24th, 25th and 26th of 2017.

REGISTRATION

Conference Registration Fee is \$100.00: Cheque by mail Payment on arrival

Please make cheques payable to: Town of New Glasgow

Goods Rec'd. Date: Initial:

Prices Checked:

Add. & Ext. Checked:

Approval for Payment:

Discount Date:

Paid by Cheque No.:

Distribution: Acc't. No.: 242-3070-242110

Memo/For: "MPWANS Spring 2017"

Phone: (902) 755-8332
 Fax: (902) 755-5051
 adam.langille@newglasgow.ca

PLEASE REGISTER BY FRIDAY, APRIL 14, 2017

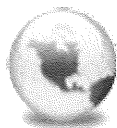
Name/Title: Jason MacMillan		
Municipality/Town: Municipality of the County of Richmond		
Phone: 902-631-0871	Fax: <u> </u>	Email: jmacmillan@richmondcounty.ca
MPWANS member <input checked="" type="checkbox"/>	CPWA member <input type="checkbox"/>	
Banquet: please choose one(1)	Lobster <input type="checkbox"/>	Steak <input checked="" type="checkbox"/>
Dietary Concerns or Food Allergy: <u> </u>		

ACCOMODATIONS

A block of rooms have been reserved at the Pictou Lodge Beach Resort, but space is limited, attendees are encouraged to reserve rooms as soon as possible. Room rates are below. Attendees are responsible to book their own accommodations. Single rooms are limited. If you can room with two (2) or three (3) others, please do so. Please mention that you are attending the MPWANS Conference when booking. You can contact Pictou Lodge Beach Resort (<http://pictoulodge.com/>) toll free at 1-800-495-6343 or via email at reservations@pictoulodge.com.

ACTIVITIES

Golf at Abercrombie - Wednesday	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	\$50 Green Fee and 1/2 a cart	MPWANS Tee times 12pm
Tour of Pioneer Coal Open Pit Mine - Thursday afternoon	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Free	Bring your own PPE: boots/vest/hard hat



confirmation
Dorothy Johnston
to:
yboudreau
09/03/2017 02:14 AM
Hide Details
From: Dorothy Johnston <dorothy@pictoulodge.com>
To: yboudreau@richmondcounty.ca
History: This message has been replied to and forwarded.

March 8, 2017

Jason MacMillian

We wish to confirm that we are holding your reservation as requested. The details of your stay are as follows:

Arriving: **Wednesday, May 24, 2017**

Departing: **Friday, May 26, 2017**

Rooms: 1

Room Type: 2 Bedroom Executive Chalet

Room Rate: \$137.50 plus tax per night



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

OF THE COUNTY OF RICHMOND

MUNICIPALITY TRAVEL

EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Port Hasting
Purpose of Travel:	Various Events
Departure Date/Time:	May 9-2017 - 8:15 AM
Return Date/Time:	May 9-2017 5:30 PM
Approval to Travel	<i>Marchand</i> Date: <i>May 9, 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 58 KM	\$ 24.88	\$ -	\$ -	\$ -	\$ -	\$ 24.88
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$ -
Lunch \$25	\$ 25.00					\$ 25.00
Dinner \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 49.88					\$ 49.88

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

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

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

1) NAOSH Safety Week	
2) Airport Meeting	
3) PHP Meeting	

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

Claimant Signature: *Brian Marchand*

Date: *May 25, 2017*

Travel Approved by Supervisor: *[Signature]*

GL Code: _____

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



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

OF THE COUNTY OF RICHMOND MUNICIPALITY TRAVEL
EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Antigonish - Keating Center
Purpose of Travel:	Spring UNSM
Departure Date/Time:	May 11-2017 - 7:00 AM
Return Date/Time:	May 12-2017 - 4:30 PM
Approval to Travel	<i>Man [Signature]</i> Date: <i>May 10, 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 349 KM	\$ 74.84	\$ 74.84	0	0	0	\$ 149.69
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$ -
Lunch \$25		\$ 25.00				\$ 25.00
Dinner \$30	\$ 30.00					\$ 30.00
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 104.84	\$ 99.84	\$ -	\$ -	\$ -	\$ 204.69

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

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

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

As per attached

Travelled daily to conference-did not stay.

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

Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>May 25, 2017</i>
Travel Approved by Supervisor:	<i>Man [Signature]</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2100 210 11</i>		<i>0</i>

Union of NS Municipalities

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

INVOICE

RECEIVED

JUN - 2 2017

Invoice No.: 5465

Date: 05/23/2017

Page: 1

Sold to:

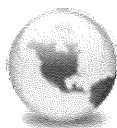
County of Richmond
P.O. Box 120
Arichat, Nova Scotia
B0E 1A0

Ship to:

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

Business No.: 108150616

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			UNSM 2017 Spring Workshop Registration			
1			Brian Marchand	H	255.00	255.00
2			Breakfasts	H	9.99	19.98
1			Carbon Offset Fee	E	5.00	5.00
			E - HST exempt			
			H - HST 15%			
			HST			41.25
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Goods Rec'd. Date.....Initia.....</p> <p>Prices Checked.....</p> <p>Add. & Ext. Checked.....</p> <p>Approval for Payment.....</p> <p>Discount Date.....</p> <p>Paid by Cheque No.....</p> <p>Distribution: Acc't. No.....</p> </div>						
Union of NS Municipalities HST: #108150616						
Comment:					Total Amount	321.23



UNSM SPRING WORKSHOP - EARLY REGISTRATION RATE TO EXPIRE MAY 2

UNSM Info

to:

Tracy Verbeke

27/04/2017 09:42 AM

Cc:

Judy Webber

Hide Details

From: UNSM Info <Info@unsm.ca>

To: Tracy Verbeke <TVerbeke@unsm.ca>

Cc: Judy Webber <JWebber@unsm.ca>

This is just a reminder that the Early Registration Fee for the UNSM Spring Workshop, at the Keating Centre, St. Francis Xavier University, ends on May 2nd. After May 2nd delegates will be charged \$280.00 (+ HST & 5.00 Carbon Offset Fee) instead of the early rate of \$255.00 (+ HST & 5.00 Carbon Offset Fee).

Get your forms in before May 2nd to take advantage of the savings!

You can view the full program [here](#).

Here is the link to the Spring Workshop Page on our Website: <https://unsm.ca/2017-unsm-spring-workshop.html>.

Have a grand day :)

Tracy Verbeke, B.S.A.
Secretary/Receptionist

unsm

Phone: (902) 423-8331

Fax: (902) 425-5592

www.unsm.ca



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTE DE

RICHMOND

EXPENSE CLAIM

OF THE COUNTY OF RICHMOND

MUNICIPALITY TRAVEL

Name of Claimant:	Brian Marchand
Destination:	Halifax - Lord Nelson
Purpose of Travel:	Nova Scotia Planning Directors 2017 Conference
Departure Date/Time:	May 17-2017 - 4:00 PM
Return Date/Time:	May 19-2017 - 9:30 PM
Approval to Travel	<i>Man [Signature]</i> Date: <i>May 16, 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 600	\$ 128.67	\$ -	\$ 128.67	0	0	257.34
Accommodation: Hotel Name: Lord Nelson <i>(Indicate if Direct Bill or Provide Receipt)</i>	\$ 186.51	\$ 186.51				373.02
Meals: Breakfast \$20		\$ 20.00	\$ 20.00			40.00
Lunch \$25			\$ 25.00			25.00
Dinner \$30	\$ 30.00	\$ 30.00				60.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)	\$ 10.00	\$ 10.00				20.00
Taxi/Parking/Tolls (Receipts Required)	\$ 27.60	\$ 27.60				55.20
Total Amount Being Claimed	\$ 382.78	\$ 274.11	\$ 173.67			830.56

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

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

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

As per attached

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

Claimant Signature: Brian Marchand

Date: May 25, 2017

Travel Approved by Supervisor: [Signature]

GL Code: _____

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

HSF 3

No. 1



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
Federation of Canadian Municipalities
Arichat, NS B0E 1A0 CN

Room Number: 420
Folio Number: RAF16B - 2
Group Number: 35532

No. of Guests: 2

C/O Clerk: NDESVEAU

CC No:

CL #:

Arrival: 05/17/17 Time: 07:49 PM Departure: 05/19/17 Time: 10:58 AM Status: HIST

05/17/17	420	ROOM CHARGE		\$159.00
05/17/17	420t	HRM MKTG LEVY	HRM MKTG LEVY	\$3.18
05/17/17	420t	HST	HST	\$24.33
05/17/17	Recur 240	GUEST PARKING	Recurring: Marchand 420	\$24.00
05/17/17	Recur 240t	HST PARK	Recurring: Marchand 420	\$3.60
05/18/17	420	ROOM CHARGE		\$159.00
05/18/17	420t	HRM MKTG LEVY	HRM MKTG LEVY	\$3.18
05/18/17	420t	HST	HST	\$24.33
05/18/17	Recur 240t	HST PARK	Recurring: Marchand 420	\$3.60
05/18/17	Recur 240	GUEST PARKING	Recurring: Marchand 420	\$24.00
05/19/17	Ck Out 10:58	VISA-PAYMENT	***** **0331	-\$428.22

Folio Balance: \$0.00

H.S.T. REG. NO. 896728458



Your tickets from LPPANS

LPPANS

to:

yboudreau

19/04/2017 11:43 AM

Sent by:

info@lppans.ca

Hide Details

From: LPPANS <info@lppans.ca>

To: yboudreau@richmondcounty.ca

Sent by: info@lppans.ca

Please respond to info@lppans.ca

2017 Nova Scotia Planning Conference

May 17

TICKET #	TICKET TYPE	PURCHASER	SECURITY CODE
TITTSTRSTEHRM-28	General	Yvonne Boudreau	ace4b20c28

VENUE

Lord Nelson Hotel

1515 South Park Street

Halifax, Nova Scotia B3J 2L2

902-423-6331

lordnelsonhotel.ca

ORGANIZERS

Nova Scotia Planning
Directors Association

Licensed Professional
Planners Association of
Nova Scotia (LPPANS)

<https://lppans.ca>

ATTENDEE INFORMATION

Name	Brian Marchand
Position	Warden
Organization	Municipality of the County of Richmond
Street Address / PO Box	2357 Hwy 206 PO Box 120 Arichat
Province	NS



Check in for this event

Scan this QR code at the event to check in.

**Purchase Receipt**

LPPANS

to:

yboudreau

19/04/2017 11:43 AM

Sent by:

info@lppans.ca

Hide Details

From: LPPANS <info@lppans.ca>

To: yboudreau@richmondcounty.ca

Sent by: info@lppans.ca

Please respond to info@lppans.ca

Security:

To ensure privacy, images from remote sites were prevented from downloading.

Show Images

LPPANS

Purchase Receipt

April 19, 2017

Thank you for supporting LPPANS.

Total purchase price: \$460.00

You'll receive your tickets in another email.

LPPANS



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

MUNICIPALITY TRAVEL

OF THE COUNTY OF RICHMOND

EXPENSE CLAIM

Name of Claimant: Brian Marchand

Destination: Whycocomagh - Fire Hall

Purpose of Travel: CB-REN - Connect to Innovate

Departure Date/Time: May 23-2017 - 9:00 AM

Return Date/Time: May 23-2017 - 3:00 PM

Approval to Travel
Kari Jean Date: May 23, 2017
 CO

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 149 KM	\$ 63.91					63.91
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						0.00
Meals: Breakfast \$20						0.00
Lunch \$25	\$ 25.00					25.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)						0.00
Total Amount Being Claimed	\$ 88.91	\$ -	\$ -	\$ -	\$ -	88.91

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

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

Meeting of Various Stake holders to & CB Municipal Units to discuss Internet Backbone connection strategies.

Meeting 10:30 AM to 12:30 PM

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

Claimant Signature: *Brian Marchand*

Date: *May 25, 2017*

Travel Approved by Supervisor: *[Signature]*

GL Code: _____

Goods Rec'd. Date.....	Initial.....	A
Prices Checked.....		B
Add. & Ext. Checked.....		A
Approval for Payment.....		A
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10210 2100 21011</i>		



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

OF THE COUNTY OF RICHMOND MUNICIPALITY TRAVEL
EXPENSE CLAIM

Name of Claimant:	Shannon Mury
Destination:	Antigonish - Town Hall
Purpose of Travel:	Laserfiche Meeting @ 10am
Departure Date/Time:	May 9, 2017 8:30am
Return Date/Time:	May 9, 2017 2:00pm
Approval to Travel	<i>Mar Laine</i> Date: <i>May 8, 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	206.4	0	0	0	0	88.52
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0.00
Lunch \$25	25					25.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)						0.00
Total Amount Being Claimed						113.52

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

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

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

Claimant Signature: *Shannon Mury*

Date: *May 10/17*

Travel Approved by Supervisor: *Mar Laine*

GL Code: _____

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <i>10, 21, 22, 21, 20, 21, 21, 3</i>	



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

NAME: Laurier Samson

PERIOD COVERED:

FROM: April 8, 2017

TO: May 19, 2017

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
April 8, 2017	Program Registration - Beginner Level Yoga St. Peter's Fire Hall	71.00	\$0.00
April 10, 2017	Boot Camp - Unlock Door at Richmond Arena, Louisdale	34.00	\$0.00
April 10, 2017	Boot Camp - Lock and Code Richmond Arena, Louisdale	34.00	\$0.00
April 12, 2017	Program Registration - Dynamic Yoga River Bourgeois Seniors Club	63.00	\$0.00
April 13, 2017	Program Registrations - Art Classes, Highland Dancing & Step Dancing - EREC, St. Peter's	71.00	\$0.00
April 19, 2017	Program Registration - Gymnastics Program Felix Marchand Education Centre, Louisdale	34.00	\$0.00
April 22, 2017	Program Registration - Sound Bath Essence Series Louisdale Lions Hall	34.00	\$0.00
April 23, 2017	Tae Kwon Do - Unlock Door at Richmond Arena, Louisdale	34.00	\$0.00
April 23, 2017	Tae Kwon Do - Lock and Code Door at Richmond Arena, Louisdale	34.00	\$0.00
April 24, 2017	Boot Camp - Unlock Door at Richmond Arena, Louisdale	34.00	\$0.00
April 24, 2017	Boot Camp - Lock and Code Richmond Arena, Louisdale	34.00	\$0.00
April 26, 2017	Boot Camp - Unlock Door at Richmond Arena, Louisdale	34.00	\$0.00
April 26, 2017	Boot Camp - Lock and Code Richmond Arena, Louisdale	34.00	\$0.00
April 30, 2017	Tae Kwon Do - Unlock Door at Richmond Arena, Louisdale	34.00	\$0.00
April 30, 2017	Tae Kwon Do - Lock and Code Door at Richmond Arena, Louisdale	34.00	\$0.00

Goods Rec'd. Date.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No. 10 270 4120 270180
 Distribution: Acc't. No.

HST 3

Totals: 873 Km \$0.00

Rate: 477 @ .461 219.90

Total Mileage (\$): 396 @ .4289 169.84

Total Expenses Claimed: 389.74

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



OF THE COUNTY OF RICHMOND

TRAVEL

EXPENSE CLAIM

Name of Claimant:	Sharla Sampson
Destination:	Dalhousie Univeristy, Halifax
Purpose of Travel:	Leadership Development for Physical Activity Promotion Course - Phase 2
Departure Date/Time:	May 8 2017 @ 7:00 am
Return Date/Time:	May 10, 2017 @ 8:30 pm
Approval to Travel:	Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	0	0	0	0	0	0
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>	Direct Bill	Direct Bill				
Meals: Breakfast \$20	20					20
Lunch \$25						0
Dinner \$30			30			30
Other Meals (Receipts Required)						0
Incidentals (\$10 per overnight stay)	10	10				20
Taxi/Parking/Tolls (Receipts Required)						0
Total Amount Being Claimed						\$70.00

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

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

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

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

Claimant Signature: Sharla Sampson
 Date: May 11, 2017
 Travel Approved by Supervisor: [Signature]
 GL Code: 10 270 4120 270 130

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



OFFICIAL RECEIPT

HST Registration #88680 6561 RT0001

Sharla Sampson
Municipality of the County of Richmond
2357 Highway 206
Arichat NS B0E1A0

RE: Mrs Sharla Sampson (#562311)

Receipt #: 50780	Invoice #: 56145	29 March 2017
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8887	Leadership Development for Physical Activity Promotion 08 May 2017 - 10 May 2017	\$200.00
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Sub-total:	\$200.00
TAX:	\$ 0.00

Total Paid:	\$200.00
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PAYMENT TYPE: Cheque

Comments: Online Registration.



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

Guest Name: Sharla Sampson
Municipal Government
x, NS CN

Room Number: 647
Folio Number: RAEFD3
Group Number:

No. of Guests: 1

CC No:

CL #:

C/O Clerk: BENEDICTE

Arrival:	05/08/17	Time:	11:26 AM	Departure:	05/10/17	Time:	08:28 AM	Status:	HIST
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05/08/17	647	ROOM CHARGE		\$149.00	
05/08/17	647t	HRM MKTG LEVY	HRM MKTG LEVY	\$2.98	
05/08/17	647t	HST	HST	\$22.80	
05/09/17	647	ROOM CHARGE		\$149.00	
05/09/17	647t	HRM MKTG LEVY	HRM MKTG LEVY	\$2.98	
05/09/17	647t	HST	HST	\$22.80	
05/10/17	1467	DIRECT BILL	Ck Out 08:28		-\$349.56

Folio Balance:	\$0.00
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