



**TRAVEL EXPENSE CLAIM** Rate **\$0.4289**

Name of Claimant:	Yvonne Boudreau
Destination:	Port Hawkesbury
Purpose of Travel:	Document Management Meeting
Departure Date/Time:	June 7, 2017 @ 12:45
Return Date/Time:	June 7, 2017@3:15

Approval to Travel \_\_\_\_\_ Date: \_\_\_\_\_

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): <span style="float: right;">90.00</span>	90.00					90.00
Total Cost of Mileage: <span style="float: right;">\$38.60</span>	\$38.60	\$0.00	\$0.00	\$0.00	\$0.00	\$38.60
Accommodation/Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$38.60	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$38.60</b>

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

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

*Meeting of Various municipal units to discuss Records Management Program and implementation/purchase details.  
 Meeting commenced at 1:30 pm - ended at 2:30 pm*

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

Claimant Signature: Yvonne Boudreau

Date: June 8, 2017

Travel Approved by Supervisor: [Signature]

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. 10.212.3120.212130	





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

**TRAVEL EXPENSE CLAIM** Rate \$0.4289

Name of Claimant:	Yvonne Boudreau		
Destination:	Oak Island Resort		
Purpose of Travel:	AMA Spring Conference		
Departure Date/Time:	June 21, 2017		
Return Date/Time:	June 23, 2017		
Approval to Travel	<i>[Signature]</i>		Date: June 20, 2017

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): <b>740.40</b>	370.20		370.20			740.40
Total Cost of Mileage: <b>\$317.56</b>	\$158.78	\$0.00	\$158.78	\$0.00	\$0.00	\$317.56
Accommodation/Hotel Name: Oak Island Resort <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20		\$20.00	\$20.00			\$40.00
Lunch \$25			\$25.00			\$25.00
Dinner \$30	\$30.00					\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00	\$10.00				\$20.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$198.78</b>	<b>\$30.00</b>	<b>\$203.78</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$432.56</b>

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

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

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

Claimant Signature: *Yvonne Boudreau*

Date: *June 26, 2017*

Travel Approved by Supervisor: *[Signature]*

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.....		10 212 2120 212130

Atlantica Oak Island Resort & Conference  
 PO Box 6, 36 Treasure Drive  
 Western Shore  
 Nova Scotia  
 B0J 3M0  
 Telephone: (902) 627-2600 Fax: (902) 627-2020

Yvonne Boudreau (rm + tax)  
 1106 - 1809 Barrington St.  
 Halifax  
 Nova Scotia  
 B3J 3K8

Page # 1 Inv.# 1706230005  
 Res. # 345781  
 Checked in Wed Jun 21/17 - 4:03 pm  
 Checked out Fri Jun 23/17 - 10:09 am  
 Nights 2  
 Room Rate 135.00  
 Room 203

Group: AMANS - d

Date	Description	Reference	Amount	Gratuity	GST/HST	Total
Jun21	Room Charge - Association		135.00		20.25	155.25
Jun22	Room Charge - Association		135.00		20.25	155.25
Jun23	Billed to Account/CL Transfer	MUNR	-310.50			(310.50)

Total Outstanding this Invoice 310.50

Municipality of Richmond  
 Attn: Accounts Payable  
 Po Box 120  
 Arichat NS  
 B0E 1A0

> All food & beverage charges are shown tax inclusive, see attached slips for complete breakdown.  
 > REFERENCE 10-DIGIT INVOICE NUMBER ON ALL PAYMENTS.  
 Call 902-627-3355 to arrange payment by major credit cards.

our H.S.T. # is 102466950RT0006

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 2121	30

HST 3

**Association of Municipal Administrators, Nova Scotia**

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

**INVOICE**

Invoice No.: 6307  
 Date: 26/06/2017

Page: 1  
 Re: Order No.

Sold to:  
 Municipality of the County of Richmond

Business No.: 12473 1324 RT0001

Quantity	Description	Tax	Unit Price	Amount																					
3	Spring Conference Registrations (member, Early bird)	H	250.00	750.00																					
	H - HST 15%			112.50																					
	HST																								
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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.....	10 212 2125 212 130																								
Shipped By: Tracking Number:			<b>Total Amount</b>																						
Comment: Yvonne Boudreau, Maris Fremanis, Kathleen Jeffrey			862.50																						
Sold By:																									





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

SCHEDULE "B"  
MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant: MARIS FREIMANIS  
 Destination: WHYCOCOMAGH.  
 Purpose of Travel: Connect to Innovate meeting  
 Departure Date/Time: MAY 23 @ 9:30 AM.  
 Return Date/Time: May 23 @ 1:30 PM.  
 Approval to Travel: Juan Marchand Date: May 23, 2017

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km <u>108</u>	<u>46.32</u>					<u>46.32</u>
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						
Lunch \$25						
Dinner \$30						
Other Meals (Receipts Required)						
Incidentals (\$10 per overnight stay)						
Taxi/Parking/Tolls (Receipts Required)						
Total Amount Being Claimed	<u>46.32</u>					<u>46.32</u>

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

Attend meeting of municipal officials to discuss  
Hi Speed internet connectivity 10:30 am to 12:30 pm.

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

Claimant Signature: Maris Freimanis  
 Date: May 31, 2017  
 Travel Approved by Supervisor: Juan Marchand  
 GL Code: \_\_\_\_\_

Goods Rec'd. Date.....	Initial.....	<u>P</u>
Prices Checked.....		<u>P</u>
Add. & Ext. Checked.....		<u>P</u>
Approval for Payment.....		<u>P</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 212 2120 212</u>		<u>130</u>

**SCHEDULE "B"**



THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTE DE

**RICHMOND**

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

Name of Claimant:	MARIS FREIMANIS
Destination:	Halifax
Purpose of Travel:	Meet with Municipal Affairs
Departure Date/Time:	May 29 @ 2:00 pm
Return Date/Time:	May 30 @ 6:45 pm
Approval to Travel	Brian Marchand Date: May 24, 2017

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km ↓ 564	\$120.95	120.95				\$241.90
Accommodation: Hotel Name: PRINCE GEORGE <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20		\$20				\$20.00
Lunch \$25		—				—
Dinner \$30	\$30	\$30				\$60.00
Other Meals (Receipts Required)						
Incidentals (\$10 per overnight stay)	\$10					10.00
Taxi/Parking/Tolls (Receipts Required)						
Total Amount Being Claimed	160.95	170.95				331.90

**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 with SPL consultants, Municipal affairs officials to discuss various municipal issues. Meeting from 10 am to 4 pm. Lunch provided.

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

Claimant Signature: Maris Freimanis

Date: May 31 2017

Travel Approved by Supervisor: Brian Marchand

GL Code:         

Goods Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....	.....	<u>A</u>
Add. & Ext. Checked.....	.....	<u>A</u>
Approval for Payment.....	.....	<u>A</u>
Discount Date.....	.....	
Paid by Cheque No.....	.....	
Distribution: Acc't. No. <u>10 212 2120 2121 30</u>	.....	



The Prince George Hotel  
HALIFAX

MUN. OF RICHMOND COUNTY  
ATTN: MS. YVONNE BOUDREAU  
PO BOX 120  
ARICHAT, NS B0E 1A0  
Canada

**Freimanis, Maris**  
Company Name: Government of Canada Misc  
Group Name:  
AR No.: 0538

Room No. : 413  
Arrival : 05-29-17  
Departure : 05-30-17  
Folio No. : 119971  
Invoice No. : 7824  
Cashier No. : 50  
Conf. No. : 597664

Date	Description	Charges	Credits
05-29-17	Room Charge	155.00	
05-29-17	HRM Room Levy	3.10	
05-29-17	HST Room	23.72	
05-29-17	Guest Self Parking	22.00	
05-29-17	HST Parking	3.30	

**Total Charges** 207.12  
**Total Credits** 0.00

GST Tax Total: \$

**Balance** 207.12

Page No. 1 of 1

Goods Rec'd. Date	Aug 4-17	Initial	AAJ
Prices Checked			
Add. & Ext. Checked			
Approval for Payment			
Discount Date			
Paid by Cheque No.			
Distribution: Acc't. No.	10 212 2120 2121 30		

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM		Rate <u>\$0.4289</u>
Name of Claimant:	Maris Freimanis	
Destination:	Oak Island	
Purpose of Travel:	Attend AMANS Conference	
Departure Date/Time:	June 21, 2017 at 10 am	
Return Date/Time:	June 23, 2017 at 6 pm	
Approval to Travel		Date: <u>June 20, 2017</u>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	686.00	343.00	343.00			686.00
Total Cost of Mileage:	\$294.23	\$147.11	\$0.00	\$147.11	\$0.00	\$294.23
Accommodation/Hotel Name	Atlantica Oak Island					\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast	\$20	\$20.00	\$20.00			\$40.00
Lunch	\$25	\$25.00	\$25.00			\$50.00
Dinner	\$30	\$30.00				\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00	\$10.00				\$20.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$212.11</b>	<b>\$30.00</b>	<b>\$192.11</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$434.23</b>

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

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

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

Attend CAO session at 3pm on June 21. Attend conference June 22 and June 23 as per attached agenda

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

Claimant Signature: Maris Freimanis

Date: June 26, 2017

Travel Approved by Supervisor: Prison Marchand

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

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

Atlantica Oak Island Resort & Conference  
 PO Box 6, 36 Treasure Drive  
 Western Shore  
 Nova Scotia  
 B0J 3M0  
 Telephone: (902) 627-2600 Fax: (902) 627-2020

Maris Freimanis (rm + tax)  
 1106 - 1809 Barrington St.  
 Halifax  
 Nova Scotia  
 B3J 3K8

Page # 1 Inv.# 1706230002  
 Res. # 345779  
 Checked in Wed Jun 21/17 - 1:52 pm  
 Checked out Fri Jun 23/17 - 8:00 am  
 Nights 2  
 Room Rate 135.00  
 Room 204

Group: AMANS - d

Date	Description	Reference	Amount	Gratuity	GST/HST	Total
Jun21	Room Charge - Association		135.00		20.25	155.25
Jun22	Room Charge - Association		135.00		20.25	155.25
Jun23	Billed to Account/CL Transfer		-310.50			(310.50)

Total Outstanding this invoice 310.50

Municipality of Richmond  
 Attn: Accounts Payable  
 Po Box 120  
 Arichat NS  
 B0E 1A0

> All food & beverage charges are shown tax inclusive, see attached slips for complete breakdown.  
 > REFERENCE 10-DIGIT INVOICE NUMBER ON ALL PAYMENTS.  
 \_call 902-627-3355 to arrange payment by major credit cards.

Our H.S.T. # is 102466950RT0006

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

HST 3.

**Association of Municipal Administrators, Nova Scotia**  
 1809 Barrington Street  
 Suite 1304  
 Halifax, Nova Scotia B3J 3K8

**INVOICE**

Invoice No.: 6307  
 Date: 26/06/2017  
 Page: 1  
 Re: Order No.

**Sold to:**  
 Municipality of the County of Richmond

**Business No.:** 12473 1324 RT0001

Quantity	Description	Tax	Unit Price	Amount																					
3	Spring Conference Registrations (member, Early bird)	H	250.00	750.00																					
	H - HST 15%			112.50																					
	HST																								
<table border="1" style="margin: auto;"> <tr> <td>Goods Rec'd. Date.....</td> <td>Initial.....</td> <td>A</td> </tr> <tr> <td>Prices Checked.....</td> <td></td> <td>A</td> </tr> <tr> <td>Add. &amp; Ext. Checked.....</td> <td></td> <td>A</td> </tr> <tr> <td>Approval for Payment.....</td> <td></td> <td>A</td> </tr> <tr> <td>Discount Date.....</td> <td></td> <td></td> </tr> <tr> <td>Paid by Cheque No.....</td> <td></td> <td></td> </tr> <tr> <td>Distribution: Acc't. No.....</td> <td>10 212 2125 212 130</td> <td></td> </tr> </table>					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.....	10 212 2125 212 130	
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Approval for Payment.....		A																							
Discount Date.....																									
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Distribution: Acc't. No.....	10 212 2125 212 130																								
Shipped By: Tracking Number:			<b>Total Amount</b> <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">862.50</span>																						
<b>Comment:</b> Yvonne Boudreau, Maris Fremanis, Kathleen Jeffrey																									
Sold By:																									



10d17



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

MUNICIPALITY OF THE COUNTY OF RICHMOND TRAVEL EXPENSE CLAIM

Name of Claimant: Kathleen Jeffrey  
 Destination: Atlantica Oak Island Resort & Conference  
 Purpose of Travel: AMA 2017 Spring Session  
 Departure Date/Time: 21/06/2017 Departure time 4:45 PM  
 Return Date/Time: June 23, 2017 Arrival time: 4:05 PM  
 Approval to Travel: *Jason Antee* Date: *June 21st/17.*

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	371	0	351	0	0	309.6658
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>	Direct Bill	Direct Bill	Direct Bill			
Meals: Breakfast \$20		20	20			40
Lunch \$25			25			25
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						\$424.67

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 *rs* N/A

\* As per attached agenda

Goods Rec'd. Date ..... Initial *rs*  
 Prices Checked .....  
 Add. & Ext. Checked .....  
 Approval for Payment .....  
 Discount Date .....  
 Paid by Cheque No. *10 212 2100 212/30*  
 Distribution: Acct. No. ....

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

Claimant Signature: *Kathleen Jeffrey*  
 Date: *June 26, 2017*  
 Travel Approved by Supervisor: *Jason Antee*  
 GL Code: \_\_\_\_\_

HST Code: \_\_\_\_\_

Atlantica Oak Island Resort & Conference  
 PO Box 6, 36 Treasure Drive  
 Western Shore  
 Nova Scotia  
 B0J 3M0  
 Telephone: (902) 627-2600 Fax: (902) 627-2020

leen Jeffrey (rm + tax)  
 i - 1809 Barrington St.  
 fax  
 . Scotia  
 3K8

Page # 1 Inv.# 1706230014  
 Res. # 345782  
 Checked in Wed Jun 21/17 - 8:50 pm  
 Checked out Fri Jun 23/17 - 12:20 pm  
 Nights 2  
 Room Rate 135.00  
 Room 202

: AMANS - d

Description	Reference	Amount	Gratuity	GST/HST	Total
Room Charge - Association		135.00		20.25	155.25
Room Charge - Association		135.00		20.25	155.25
billed to Account/CL Transfer	MUNR	-310.50			(310.50)

Total Outstanding this Invoice 310.50

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 Accounts Payable  
 120  
 : NS

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T. # is 102466950RT0006

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 2121	30

HST. 3

**Association of Municipal Administrators, Nova Scotia**

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

**INVOICE**

Invoice No.: 6307  
 Date: 26/06/2017

Page: 1  
 Re: Order No.

Sold to:  
 Municipality of the County of Richmond

Business No.: 12473 1324 RT0001

Quantity	Description	Tax	Unit Price	Amount																					
3	Spring Conference Registrations (member, Early bird)	H	250.00	750.00																					
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	HST																								
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Goods Rec'd. Date.....	Initial.....																								
Prices Checked.....																									
Add. & Ext. Checked.....		HST 3																							
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Discount Date.....																									
Paid by Cheque No.....																									
Distribution: Acc't. No.....	10 212 2125 212 130																								
Shipped By: _____ Tracking Number: _____			<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;"><b>Total Amount</b></td> <td style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 5px;">862.50</td> </tr> </table>		<b>Total Amount</b>	862.50																			
<b>Total Amount</b>	862.50																								
Comment: Yvonne Boudreau, Maris Fremanis, Kathleen Jeffrey Sold By: _____																									





THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTE DE

# RICHMOND

OF THE COUNTY OF RICHMOND

MUNICIPALITY  
TRAVEL

## EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury Civic Center
Purpose of Travel:	Chamber Dinner
Departure Date/Time:	May 24-2017 - 5:00 PM
Return Date/Time:	May 24-2017 - 9:00 PM
Approval to Travel	<i>Mar Jean</i> Date: <i>May 24, 2017</i>

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

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

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

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


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

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. <i>10 210 2100 210110</i>		

# STRAIT AREA

CHAMBER OF COMMERCE

104-609 Church St.  
The Professional Centre  
Port Hawkesbury B9A 2X4  
www.straitareachamber.ca

## INVOICE

Invoice No.: 7340  
Date: May 31, 2017

Sold to: **Municipality of County of Richmond**

Yvonne Boudreau  
P.O. Box 120  
Arichat, Nova Scotia B0E 1A0  
Canada

Business No.:

Quantity	Description	Unit Price	Amount
4	Spring Dinner & Awards Tickets - Marie Fireman's - Brian Blanchard, - Jason MacLean. - ONE NO show.	65.00	260.00

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 2120 212130	
10 210 2100 210110	
10 210 2110 210130	

HST 2

65.00  
65.00  
130.00

Shipped By:	Tracking Number:	<b>Total Amount</b>	<b>260.00</b>
Comment:			
Sold By:			



SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM		Rate <u>\$0.4289</u>
Name of Claimant:	JASON MARTELL	
Destination:	HALIFAX, NS	
Purpose of Travel:	PROFESSIONAL DEVELOPMENT COURSE - CPA, EXCEL TABLES/DATA MODELS	
Departure Date/Time:	JUNE 6TH, 2017 - 4 AM	
Return Date/Time:	JUNE 7TH, 2017 - 12 PM	
Approval to Travel	Date: <u>June 2, 2017</u>	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	637.60	318.80	318.80			637.60
Total Cost of Mileage:	\$273.47	\$136.73	\$136.73	\$0.00	\$0.00	\$273.47
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20	\$20.00					\$20.00
Lunch \$25	\$25.00					\$25.00
Dinner \$30	\$30.00					\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00					\$10.00
Taxi/Parking/Tolls (Receipts Required)	\$402.50	COURSE FEE				\$402.50
<b>Total Amount Being Claimed</b>	\$624.23	\$136.73	\$0.00	\$0.00	\$0.00	<b>\$760.97</b>

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

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

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

CPA NS Course in Halifax, NS. Course was from 8:30 am - 4:30 pm. No agenda but course was called Excel Tables & Data Models, and had 8 chapters.

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

Claimant Signature: Jason Martell

Date: June 15<sup>th</sup> / 2017

Travel Approved by Supervisor: [Signature]

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

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



The Prince George Hotel  
HALIFAX

MUN. OF RICHMOND COUNTY  
ATTN: MS. YVONNE BOUDREAU  
PO BOX 120  
ARICHAT, NS B0E 1A0  
Canada

Room No. : 227  
Arrival : 06-06-17  
Departure : 06-07-17  
Folio No. : 120808  
Invoice No. : 7949  
Cashier No. : 58  
Conf. No. : 599162

**Martell, Jason**  
Company Name: MUN. OF RICHMOND COUNTY  
Group Name:  
AR No.: 0538

Date	Description	Charges	Credits
06-06-17	Gift Card Payment		200.00
06-06-17	Room Charge	162.00	
06-06-17	HRM Room Levy	3.24	
06-06-17	HST Room	24.79	
06-07-17	Guest Self Parking	22.00	
06-07-17	HST Parking	3.30	

**Total Charges** 215.33  
**Total Credits** 200.00

GST Tax Total: \$

**Balance** 15.33

Goods Rec'd. Date.....	Aug 4-17 2017	Initial.....	
Prices Checked.....			
Add. & Ext. Checked.....			
Approval for Payment.....			
Discount Date.....			
Paid by Cheque No.....			
Distribution: Acc't. No.....	10 212 2120 212		130

HST 3



Jason Martell <martellspharmacy@gmail.com>

**Order Confirmation**

1 message

donotreply@cpans.ca <donotreply@cpans.ca>  
To: "Mr. Jason Martell, CPA, CMA" <martellspharmacy@gmail.com>

Fri, Jun 2, 2017 at 12:46 PM



Dear Jason,

Thank you for your recent transaction. Below are the details of your order. Please retain this email for your records.

**Order Number:** 8286  
**Order Date:** Jun 2, 2017 11:46 AM  
**Bill To:** Mr. Jason Martell, CPA, CMA  
**Order Total:** 402.50  
**Payment Method:** VISA \*\*\*\*\*3033  
**Name on Card:** Jason Martell

Item	Price	Qty	Total
Excel Tables And Data Models - Mr. Jason Martell, CPA, CMA <i>When:</i> Jun 6, 2017 - Jun 6, 2017 <i>Where:</i> CPA Nova Scotia Learning Centre 300 - 1871 Hollis St. Halifax, NS <i>Registration option:</i> Jun 6, 2017 8:30 AM - Full Day Regular Registration Fee	350.00	1	350.00

<b>Item Total</b>	350.00
<b>Shipping</b>	0.00
<b>Handling</b>	0.00
<b>Tax</b>	52.50
<b>Item Grand Total</b>	402.50
<b>Transaction Grand Total</b>	402.50

If you have any questions or concerns related to this transactions, please contact us at admin@cpans.ca.

Thank You

CPA Nova Scotia

Chartered Professional Accountants of Nova Scotia is located at 1871 Hollis Street, Halifax, NS B3J 0C3



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

NAME: Shannon Mury

PERIOD COVERED:

FROM: April 1, 2017

TO: April 30, 2017

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
April 3-17	Arena pick up items; end of year	33.40	
April 5-17	West Bay Rd VFD Meeting @ Fire Hall	80.00	
April 10-17	Arena - Tech Support	33.40	
April 11-17	PAC Meeting	8.00	
April 18-17	Louisdale VFD Mtg - Grand Anse	32.40	
April 26-17	Louisdale Parish Hall - Volunteer Banquet setup	32.90	
April 27-17	Louisdale Parish Hall - Volunteer Banquet setup	32.90	
April 28-17	Louisdale Parish Hall (am) - setup; Councillor Martell's for tech support; Councillor Boucher's for tech	71.20	
April 28-17	Louisdale Parish Hall (pm) - Volunteer Banquet setup	29.20	
	187.2 Km @ .461	86.30	
	166.2 Km @ .4289	71.28	

461  
4289

Initial.....  
 Goods Rec'd. Date.....  
 Prices Checked.....  
 Add. & Ext. Checked.....  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No. 10 212 2120 2121 30  
 Distribution: Acc't. No.....

157.58

Totals: 353.40 \$0.00

Rate:  
Total Mileage (\$): 157.58

Total Expenses Claimed: 157.58

ACCOUNT #:		CHEQUE #:	
SIGNATURE:	<i>Shannon Mury</i>	AMOUNT:	
APPROVED:	<i>Shannon Mury</i>	DATE PAID:	
		INITIAL:	

ei



THE MUNICIPALITY OF THE COUNTY OF  
 LA MUNICIPALITE DE COMTE DE  
**RICHMOND**

NAME: *Shannon Murphy*

PERIOD COVERED:

FROM: *May 1 2017* TO: *May 31 2017*

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
May 9-17	Loch Lomond VFD Annal Mtg (got lost in my travel, added an additional 22.6kms)	158.60	

Initial..... *SM*

Goods Rec'd. Date..... *5/9/17*

Prices Checked..... *SM*

Add. & Ext. Checked..... *SM*

Approval for Payment.....

Discount Date.....

Paid by Cheque No..... *102122120212*

Distribution: Acc't. No. *130*

*HST 3*

Totals: 158.60 \$0.00

Rate: \$0.4289

Total Mileage (\$): \$68.02

Total Expenses Claimed: **\$68.02**

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

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM		Rate <u>\$0.4289</u>
Name of Claimant:	Laurier Samson	
Destination:	Destination Cape Breton Offices - 70 Crescent St, Sydney, NS	
Purpose of Travel:	Meeting with DCBA	
Departure Date/Time:	Tuesday, June 6, 2017 - 10:30 am	
Return Date/Time:	Tuesday, June 6, 2017 - 4:00 pm	
Approval to Travel	<i>Laurier</i>	Date: <u>June 4, 2017</u>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	242.00					242.00
Total Cost of Mileage:	\$103.79	\$0.00	\$0.00	\$0.00	\$0.00	\$103.79
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
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
<b>Total Amount Being Claimed</b>	\$128.79	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$128.79</b>

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

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

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

Sat in a meeting with Ross Hunter of Destination Cape Breton and Jennifer from CBRM while they discussed Festival & Events in CBRM and then met with Ross myself and discussed Festival & Event grants/funding for Richmond County for 2017. The meeting started at 1:00 and ended at 1:45 pm.

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

Claimant Signature:	<i>LS</i>
Date:	<u>6/08/17</u>
Travel Approved by Supervisor:	<i>Laurier</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <u>10220</u>	<u>410 270180</u>

HST 3

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		Rate <u>\$0.4289</u>
Name of Claimant:	Laurier Samson	
Destination:	McConnell Library - 50 Falmouth St, Sydney, NS	
Purpose of Travel:	Cape Breton Connect Official Launch	
Departure Date/Time:	Friday, June 16 - 8:30 am	
Return Date/Time:	Friday, June 16 - 3:00 pm	
Approval to Travel	Date: <u>June 15, 2017</u>	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	243.00	243.00				243.00
Total Cost of Mileage:	\$104.22	\$0.00	\$0.00	\$0.00	\$0.00	\$104.22
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
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
<b>Total Amount Being Claimed</b>	<b>\$129.22</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$129.22</b>

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

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

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

I attended the official launch of Cape Breton Connect (<https://capebretonconnect.cioc.ca>) to which we are one of the main partners. Most of the main partners were in attendance along with members of the media. The launch began at 11:00 am and lasted until 11:30 am. After the launch I spoke with some of the other partners and left at 12:00 pm. I had to stop in St. Peter's to pick up registration monies from an instructor for one of our programs and I also had to stop at the Recreation Storage in Louisdale to meet someone wanting to loan equipment. I arrived back at 3:00 pm.

All claims are to be submitted not later than 30 days after return.	
Claimant Signature: <u>[Signature]</u>	Goods Rec'd. Date.....Initial..... <u>P</u>
Date: <u>11/06/17</u>	Prices Checked..... <u>P</u>
Travel Approved by Supervisor: <u>[Signature]</u>	Add. & Ext. Checked..... <u>P</u>
GL Code: _____	Approval for Payment..... <u>P</u>
	Discount Date.....
	Paid by Cheque No.....
	Distribution: Acc't. No. <u>10 270 4120 270180</u>

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		Rate <b>\$0.4289</b>
Name of Claimant:	Laurier Samson	
Destination:	Baddeck Court House - 495 Chebucto St, Baddeck, NS	
Purpose of Travel:	Facility Access Funding Meeting	
Departure Date/Time:	Wednesday, June 21 - 11:45 am	
Return Date/Time:	Wednesday, June 21 - 6:30 pm	
Approval to Travel	Date:	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	237.00	237.00				237.00
Total Cost of Mileage:	\$101.65	\$0.00	\$0.00	\$0.00	\$0.00	\$101.65
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$101.65	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$101.65</b>

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

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

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

I met with Larry Maxwell, from Community, Culture & Heritage, as well as people from other municipalities in Cape Breton in regards to the Facility Access Grant Funding for 2017-2018. We discussed how the program worked last year and changes that have been made to the program this year. The meeting began at 2:00 pm and finished at 4:30 pm.

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

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Travel Approved by Supervisor: \_\_\_\_\_

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

*LS*  
06/22/17

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 270102

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Laurier Samson	
<b>Destination:</b>	Baddeck Court House - 497 Chebucto St, Baddeck, NS	
<b>Purpose of Travel:</b>	Facility Access Funding Meeting	
<b>Departure Date/Time:</b>	Wednesday, June 21 - 12:00 pm	
<b>Return Date/Time:</b>	Wednesday, June 21 - 5:00 pm	
<b>Approval to Travel</b>	Date: <u>June 20, 2017</u>	

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

**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 \_\_\_\_\_    N/A \_\_\_\_\_

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

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Travel Approved by Supervisor: \_\_\_\_\_

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



SCHEDULE "B"



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

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
Name of Claimant:	Sharla Sampson	
Destination:	Memberton Heritage Park, Memberton	
Purpose of Travel:	ACBC Social Media Workshop & CB Connect meeting	
Departure Date/Time:	8:00 am Departure for a 10:00 am meeting - June 15	
Return Date/Time:	Expected 5:00 pm arrival for a 3:00 pm end to meeting - June 15	
Approval to Travel	Date:	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	258.10					258.10
Total Cost of Mileage:	\$110.70	\$0.00	\$0.00	\$0.00	\$0.00	\$110.70
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
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
<b>Total Amount Being Claimed</b>	<b>\$135.70</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$135.70</b>

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

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

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

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

Claimant Signature: Sharla Sampson

Date: June 16, 2017

Travel Approved by Supervisor: [Signature]

GL Code: 102704120 270130

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <u>10 270 4120 270130</u>	

