

# SCHEDULE "B"



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

<b>OF THE COUNTY OF RICHMOND</b>	<b>MUNICIPALITY TRAVEL</b>
<b>EXPENSE CLAIM</b>	

<b>Name of Claimant:</b>	Chris Boudreau
<b>Destination:</b>	Halifax, Nova Scotia
<b>Purpose of Travel:</b>	Infrastructure Asset Management Nova Scotia - Working Group Meeting
<b>Departure Date/Time:</b>	June 29, 2017 - 4:00 PM
<b>Return Date/Time:</b>	June 30, 2017 - 5:00 PM
<b>Approval to Travel</b>	<div style="display: flex; justify-content: space-between;"> <span><i>See attached.</i></span> <span><b>Date:</b></span> </div>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Mileage: # of Km</b>	314	314	0	0	0	269.35
<b>Accommodation: Direct Bill</b> <b>Hotel Name: Prince George Hotel</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20		20				20.00
Lunch \$25						0.00
Dinner \$30	30					30.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)	10					10.00
Taxi/Parking/Tolls (Receipts Required)						0.00
<b>Total Amount Being Claimed</b>						329.35

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

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

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

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	<i>Chris Boudreau</i>
Date:	<i>July 4, 2017</i>
Travel Approved by Supervisor:	_____
GL Code:	<i>10.242.3070.242110</i>

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

# SCHEDULE "B"



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

<b>OF THE COUNTY OF RICHMOND</b>	<b>MUNICIPALITY TRAVEL</b>
<b>EXPENSE CLAIM</b>	

<b>Name of Claimant:</b>	Chris Boudreau
<b>Destination:</b>	Halifax, Nova Scotia
<b>Purpose of Travel:</b>	Infrastructure Asset Management Nova Scotia - Working Group Meeting
<b>Departure Date/Time:</b>	TBD - Late June or early July
<b>Return Date/Time:</b>	TBD - Late June or early July
<b>Approval to Travel</b>	<i>Karin Jean</i> Date: <i>June 7, 2017</i>

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

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

Claimant Signature:	_____
Date:	_____
Travel Approved by Supervisor:	_____
GL Code:	_____



The Prince George Hotel  
HALIFAX

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

**Boudreau, Chris**  
Company Name: Municipalities of Nova Scotia  
Group Name:  
AR No.: 0538

Room No. : 521  
Arrival : 06-29-17  
Departure : 06-30-17  
Folio No. : 123116  
Invoice No. : 8175  
Cashier No. : 256  
Conf. No. : 613052

Date	Description	Charges	Credits
06-29-17	Room Charge	162.00	
06-29-17	HRM Room Levy	3.24	
06-29-17	HST Room	24.79	
06-29-17	Guest Self Parking	22.00	
06-29-17	HST Parking	3.30	

**Total Charges** 215.33  
**Total Credits** 0.00

GST Tax Total: \$

**Balance** 215.33

Goods Rec'd. Date	Aug 4-17	Initial	AY
Prices Checked			A
Add. & Ext. Checked			A
Approval for Payment			A HST 3
Discount Date			
Paid by Cheque No.			
Distribution: Acc't. No.	10 242 3070 242		110



THE MUNICIPALITY  
OF THE COUNTY OF

LA MUNICIPALITÉ  
DU COMTÉ DE

# RICHMOND

**NAME:** Chris Boudreau, P.Eng

**PERIOD COVERED:** FROM: April 24, 2017 TO: April 26, 2017

**PURPOSE OF TRAVEL CLAIM:**  
To correct mileage claimed on initial claim for attendance at MPWWA Conference. Original claim included 410 Kms, however correct mileage should have read 378 Kms.

**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:	-32	X	\$0.4289		-\$13.72
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):					
Travel from home to Port Hastings for shuttle (drop off in Dartmouth)					
Travel from Dartmouth to Halifax (car) and return from Halifax to home					

Goods Rec'd. Date..... Initial.....  
 Copies Checked.....  
 Add. & Ext. Checked.....  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No. 10.242.3070.242110  
 Contribution: Acct. No.

**ADVANCE REQUESTED:**

<b>TOTAL EXPENSES CLAIMED:</b>	-\$13.72
<b>LESS ADVANCE:</b>	
<b>BALANCE PAYABLE:</b>	-\$13.72

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: May 17/17	SIGNATURE: Chris Boudreau
DATE: May 25/17	APPROVAL: [Signature]
CAO INITIAL:	ACCOUNT #: 10.242.3070.242110

3  
 CREDIT



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

NAME: Chris Boudreau

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

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
02-Jun-17	Travel to PDG to troubleshoot sewage lift station.	12	
05-Jun-17	Travel to Meunier Lane to inspect road condition for curbside collection (morning).	12	
05-Jun-17	Travel to Meunier Lane to meet contractor for WWMD septic system installation (afternoon).	12	
05-Jun-17	Travel from home to office for meeting Re Martinique Provincial Park.	28	
06-Jun-17	Travel from office to Port Hawkesbury Civic Centre for Region 1 Solid Waste Meeting	84	
06-Jun-17	Travel from office to Meunier Lane for WWMD septic system installation - interim inspection.	12	
14-Jun-17	Travel to WMF for meeting with staff.	19	
14-Jun-17	Travel to West Arichat for WWMD septic system installation - interim inspection.	9	
15-Jun-17	Travel to West Arichat for WWMD septic system installation - final inspection.	9	
19-Jun-17	Travel to West Arichat for WWMD septic system installation - interim inspection.	9	
21-Jun-17	Travel to West Arichat for WWMD septic system installation - final inspection.	9	

Goods Rec'd. Date..... Initial..... B  
 Prices Checked..... H  
 Add. & Ext. Checked..... A  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No. 242 3070 242 110  
 Distribution: Acc't. No. 10-242-3070-242 110

Totals: 215.00 \$0.00  
 Rate: \$0.4289  
 Total Mileage (\$): \$92.21  
 Total Expenses Claimed: \$92.21

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



MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

**Name of Claimant:** Kathleen Jeffrey  
**Destination:** The Municipality of the County of Antigonish  
**Purpose of Travel:** Meeting with ABM to discuss issues with our Diamond Software (Mun 9)  
**Departure Date/Time:** July 11, 2017 Departure time 8:30 AM  
**Return Date/Time:** July 11, 2017 Arrival time: 2:00 PM  
**Approval to Travel** *James Carter* Date: 7/10/17

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	188	0		0	0	80.6332
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0
Lunch \$25	25					25
Dinner \$30						0
Other Meals (Receipts Required)						0
Incidentals (\$10 per overnight stay)						0
Taxi/Parking/Tolls (Receipts Required)						0
Total Amount Being Claimed						\$105.63

**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 JK N/A

\* As per attached agenda

Goods Rec'd. Date..... Initial.....  
Prices Checked.....  
Add. & Ext. Checked.....  
Approval for Payment.....  
Discount Date.....  
Paid by Cheque No. 242 213021213  
Distribution: Acc't. No. 10

**All claims are to be submitted not later than 30 days after return.**  
Claimant Signature: *Kathleen Jeffrey*  
Date: July 11, 2017  
Travel Approved by Supervisor: *James Carter*  
GL Code: \_\_\_\_\_ HST Code: \_\_\_\_\_

27783 -



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

TRAVEL EXPENSE CLAIM Rate \$0.4289

Name of Claimant: Jason MacLean
Destination: Ottawa
Purpose of Travel: FCM
Departure Date/Time: May 31, Flight departed at 6:15 pm
Return Date/Time: June 5, Flight returned at 11:40 am

Approval to Travel Brian Marchand Date: July 21-2017

Table with 7 columns: Description, Day 1, Day 2, Day 3, Day 4, Day 5, Total. Rows include Total Mileage, Total Cost of Mileage, Accommodation/Hotel Name (Mariott), Meals (Breakfast, Lunch, Dinner), Other Meals, Incidentals, Taxi/Parking/Tolls, and Total Amount Being Claimed.

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. N/A

All claims are to be submitted not later than 30 days after return. Claimant Signature: [Signature] Date: June 27 2017 Travel Approved by Supervisor: Brian Marchand 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. 10 210 2110 21013

FOLIO  
DU CLIENT

Ottawa Marriott • 100 Kent Street, Ottawa, ON K1P 5R7  
T 613.238.1122 • F 613.783.4228 • ottawamarriott.com



1527 MACLEAN/J

204.00 06/05/17 12:00 10592 4527  
ACCT# GROUP

Room / Chambre Name / Nom  
NKNK

Rate / Tarif 05/31/17 20:52  
Arrive / Arrivée Time / Heure

Type  
18

RWD#:

DATE	Room Clerk / Réceptionniste	Address / Adresse	REFERENCE / RÉFÉRENCE	CHARGES / FRAIS	CREDITS / CRÉDITS	BALANCE DUE / SOLDE
05/31			ROOM 1527, 1	204.00		A
05/31			ROOM HST 1527, 1	26.52		J
05/31			DM FEE 1527, 1	6.12	23744	L
05/31			DMF HST 1527, 1	.80		L
06/01			ROOM 1527, 1	204.00		A
06/01			ROOM HST 1527, 1	26.52		J
06/01			DM FEE 1527, 1	6.12		L
06/01			DMF HST 1527, 1	.80		L
06/02			ROOM 1527, 1	204.00		A
06/02			ROOM HST 1527, 1	26.52		J
06/02			DM FEE 1527, 1	6.12		L
06/02			DMF HST 1527, 1	.80		L
06/03			ROOM 1527, 1	204.00		A
06/03			ROOM HST 1527, 1	26.52		J
06/03			DM FEE 1527, 1	6.12		L
06/03			DMF HST 1527, 1	.80		L
06/04			ROOM 1527, 1	204.00		A
06/04			ROOM HST 1527, 1	26.52		J
06/04			DM FEE 1527, 1	6.12		L
06/04			DMF HST 1527, 1	.80		L
06/05			MC CARD			
				\$1187.20		

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,  
PLEASE CALL THE FRONT DESK, OR DIAL \*84 AND AFTER THE BEEP,  
PLEASE DISCONNECT THE CALL.

DESCRIPTION	HST #860549062RT0110	TAXED AMOUNT	TAX
HST	(ALMNOP)		136.60
NET CHARGES			FOLIO 1187.20
1050.60		TAX 136.60	CREDITS .00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
YXXXXXXXX@RICHMONDCOUNTY.CA  
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

H.S.T.# 86054 9062 RT0110

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (annual rate 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Ce relevé constitue votre seul reçu. Vous avez accepté de régler vos frais en argent comptant, à l'aide d'un chèque personnel approuvé ou en nous autorisant à porter à votre carte de crédit toutes les sommes facturées à votre compte. Le montant apparaissant dans la colonne « Crédit » à la même ligne que tout numéro de carte de crédit inscrit dans la colonne « Référence » ci-dessus sera porté au compte associé à cette carte de crédit. (L'émetteur de la carte de crédit facturera vos frais selon les modalités habituelles). Si, pour quelque raison que ce soit, l'émetteur de la carte de crédit ne paie pas les frais indiqués ci-dessus, vous devrez les régler vous-même. Dans le cas d'une facturation directe, si le paiement n'est pas effectué dans un délai de 25 jours suivant la date de votre départ, vous devrez nous verser des intérêts sur le solde du compte, calculés à partir de la date de votre départ à un taux mensuel de 1,5% (taux annuel de 18%), ou selon le plafond imposé par la loi, en plus des frais raisonnables de recouvrement, y compris les honoraires d'avocat.

Signature X \_\_\_\_\_

To secure your next stay, go to marriott.com / Pour réserver votre prochain séjour, allez à marriott.com



## eTicket Receipt

Prepared For  
MACLEAN/JASON MR [ADT]

RESERVATION CODE	CQHATB
ISSUE DATE	01May17
TICKET NUMBER	8382125528526
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
31May17	WESTJET WS 3485	HALIFAX NS, CANADA	OTTAWA ON, CANADA	Fare Family Econo Seat Number 07A - (CONFIRMED) Baggage Allowance NIL Booking Status OK TO FLY Fare Basis IB21U Not Valid Before 31MAY17 Not Valid After 31MAY17
	Operated by: WESTJET ENCORE	Time 6:15pm	Time 7:26pm	
05Jun17	WESTJET WS 3482	OTTAWA ON, CANADA	HALIFAX NS, CANADA	Fare Family Econo Seat Number 07A - (CONFIRMED) Baggage Allowance NIL Booking Status OK TO FLY Fare Basis IB21 Not Valid Before 05JUN17 Not Valid After 05JUN17
	Operated by: WESTJET ENCORE	Time 8:45am	Time 11:40am	

## Payment/Fare Details

Form of Payment	CREDIT CARD - VISA : XXXXXXXXXXXXX 5850
Fare Calculation Line	YHZ WS YOW89.00WS YHZ99.00CAD188.00END
Fare	CAD 188.00
Taxes/Fees/Carrier-Imposed Charges	CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE) CAD 2.99 RC1 (HARMONIZED SALES TAX (HST)) CAD 39.49 RC3 (HARMONIZED SALES TAX (HST)) CAD 48.00 SQ1 (AIRPORT IMPROVEMENT FEE (AIF)) CAD 36.00 YQI (OTHER AIR TRANSPORTATION)

**Total Fare** **CAD 328.73**

## Other Charges

**SEAT ASSIGNMENT # 8388214392166 (YHZ-YOW / QTY 1, YOW-YHZ / QTY 1)** **CAD 20.00**

**Taxes** **CAD 2.80**

**Form of Payment** **CREDIT CARD - VISA : XXXXXXXXXXXXX 5850**

**Total** **CAD 22.80**

**Total Fare and Other Charges** **CAD 351.53**

### Positive identification required for airport check in

#### Notice:

#### Travel info

**QST # 1202807956TQ0001 GST # 866112535**

For details about flying with WestJet, print [the important flight information package](#) or browse our travel info:

- [Baggage fees](#) (\$25-\$118 per bag; additional \$75-\$88.50 per bag for overweight or oversize)
- [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
- [Children, infants and expectant mothers](#)
- [Fare options](#) (Econo, Flex, Plus, and Member Exclusive)
- [Guests with special needs](#)
- [ID requirements](#)
- [Inflight services](#) (Inflight entertainment and buy-on-board menu)
- [Seat selection](#) (Seat maps, seats in Plus)

At WestJet, getting you to your destination safely and on time are top priorities for us. To help ensure an on-time departure, we adhere to our [check-in and baggage cut-off times](#). Please make sure you're familiar with these rules, and give yourself enough time to get through security and arrive at your departure gate on time or we will deny boarding.

If you fail to show for the first flight segment of a round trip or multi-segment reservation, all remaining flights segments, including return flights, will automatically be cancelled and the total fare paid will be forfeited without compensation. To change or cancel your reservation, you can [manage your booking online](#) or call 1-888-937-8538 (1-888-WESTJET).

WestJet and the Canadian Transportation Agency want to make you aware of your rights as a traveller. Visit [Flight and service disruptions](#) for an in-depth explanation.

Travelling with one of our airline partners? Be sure to familiarize yourself with the fees for your journey by visiting our [airline partners](#) page. Fees are collected on a one-way basis by the airline operating the first flight for each direction of your journey.

If you have used WestJet dollars as a form of payment for this itinerary you can see the amount redeemed by signing into your [WestJet Rewards account](#).

Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).



FÉDÉRATION  
OF CANADIAN  
MUNICIPALITIES

FÉDÉRATION  
CANADIENNE DES  
MUNICIPALITÉS

 Print

# INVOICE/FACTURE

24, RUE CLARENCE STREET  
OTTAWA, ONTARIO K1N 5P3  
T. 613-241-5221  
F. 613-241-7440

## Customer

Municipality of the County of Richmond  
P.O. Box 120  
2357 Highway 206  
Arichat NS B0E 1A0  
Canada

## Invoice ID

INV-06698-X4H4Z1

## Status Reason

Paid

## Due Date

2017-05-01

*Jasons VISA*

**PRODUCTS**

Product Name	Description	Unit Price	Quantity	Amount
Carbon Offset Fee (NS)	(Registration #/No. d'inscription: 00003063)	\$7.0000	1	\$7.91
Carbon Offset Fee (NS)	(Registration #/No. d'inscription: 00003062)	\$7.0000	1	\$7.91
Delegate <i>Jason</i>	FCM's 2017 Annual Conference and Trade Show / Congrès annuel et salon professionnel 2017 de la FCM Registration #/No. d'inscription: 00003063	\$980.0000	1	\$1,107.40 ✓
Delegate <i>Brian</i>	FCM's 2017 Annual Conference and Trade Show / Congrès annuel et salon professionnel 2017 de la FCM Registration #/No. d'inscription: 00003062	\$980.0000	1	\$1,107.40

**Name**

Order for Municipality of the County of Richmond created by Boudreau, Yvonne

**HST/TVH**

\$ 256.62

**Total Amount**

**\$ 2,230.62**

**PLEASE INCLUDE A COPY OF THIS INVOICE WITH YOUR PAYMENT.  
VEUILLEZ RETOURNER UNE COPIE DE LA FACTURE AVEC VOTRE PAIEMENT.**

**THANK YOU/MERCI**

HST # / No. DE TVH: 11891 3938 RT0001

Thank you for choosing the Ottawa Marriott 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 (613) 238-1122.

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: Ottawa Marriott Hotel**

**Guest: MACLEAN/JASON**

100 Kent Street  
 Ottawa, Ontario K1P 5R7  
 Canada  
 (613) 238-1122

XXX  
 XXX, NE 11111  
 CAN

**Dates of stay:** May 31, 2017 - Jun 05, 2017

**Room number:** 1527

**Guest number:** 10592

**Group number:** 4527

**Marriott Rewards number:** None

Date	Description	Reference	Charges	Credits
05/31/17	ROOM	1527, 1	204.00	
05/31/17	ROOM HST	1527, 1	26.52	
05/31/17	DM FEE	1527, 1	6.12	
05/31/17	DMF HST	1527, 1	0.80	
06/01/17	ROOM	1527, 1	204.00	
06/01/17	ROOM HST	1527, 1	26.52	
06/01/17	DM FEE	1527, 1	6.12	
06/01/17	DMF HST	1527, 1	0.80	
06/02/17	ROOM	1527, 1	204.00	
06/02/17	ROOM HST	1527, 1	26.52	
06/02/17	DM FEE	1527, 1	6.12	
06/02/17	DMF HST	1527, 1	0.80	
06/03/17	ROOM	1527, 1	204.00	
06/03/17	ROOM HST	1527, 1	26.52	
06/03/17	DM FEE	1527, 1	6.12	
06/03/17	DMF HST	1527, 1	0.80	
06/04/17	ROOM	1527, 1	204.00	
06/04/17	ROOM HST	1527, 1	26.52	
06/04/17	DM FEE	1527, 1	6.12	

06/04/17	DMF HST	1527, 1	0.80
06/05/17	Payment - MasterCard		1,187.20
<b>Total balance</b>			<b>0.00 CAD</b>

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

[SHOPMARRIOTT.COM](http://SHOPMARRIOTT.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 (613) 238-1122.

#### 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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## SCHEDULE "B"



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

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

<b>Name of Claimant:</b>	Carla Martell
<b>Destination:</b>	Waterfront Development, The Cable Wharf Building, 2-1751 Lower Water Street Halifax,
<b>Purpose of Travel:</b>	Tall Ships Outport Meeting & Training
<b>Departure Date/Time:</b>	June 16, 2017 8:00am
<b>Return Date/Time:</b>	June 16, 2017 6:30pm
<b>Approval to Travel</b>	<i>Attached</i> <span style="float: right;">Date:</span>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	640.00					274.50
<b>Accommodation:</b> 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
<b>Total Amount Being Claimed</b>	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	299.50

**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 *CM* N/A *CM*

Meeting at Waterfront Development offices in Halifax. Training for Survey Taking during Tall Ships Event plus.

General meeting of All Outports

Attendees: Members of the Tall Ships Committees from across the Province

Duration: 2.5 hrs

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	<i>CMartell</i>
Date:	<i>July 13/17</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	<i>16 270 4120 270180</i>

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



THE MUNICIPALITY OF THE COUNTY OF LA MUNICIPALITÉ DU COMTÉ DE

# RICHMOND

NAME: Carla Martell

PERIOD COVERED:

FROM: June 21, 2017 TO: July 5th, 2017

DATE:	From - To	NOTE	MILEAGE (KM)	OTHER EXPENSES:
June 16, 2017	Vista Print	Rack Cards for Surfing Program		71.27
June 21, 2017	Vista Print	Rack Cards for Concerts by the Sea		51.56
June 21, 2017	Municipal Office to Richmond Arena	Registration for summer Programs	33.5	
June 22, 2017	17 Rocky Bay Rd to St. Peter's Lions Hall	Tall Ships Committee Meeting	78.00	
July 3, 2017	17 Rocky Bay Rd to St. Peter's Lions Hall	Tall Ships Committee Meeting	78.00	
July 5, 2017	17 Rocky Bay Rd to St. Peter's Marina	Concert by the Sea	78.00	

Totals:

267.50

\$122.83

Rate:

\$0.4289

Total Mileage (\$):

\$114.73

Total Expenses Claimed:

**\$237.56**

10270 4120 270210 \$122.83

ACCOUNT #:	10270 4120 270180 \$114.73	CHEQUE #:	
SIGNATURE:	<i>Carla Martell</i>	AMOUNT:	
APPROVED:	<i>[Signature]</i>	DATE PAID:	
		INITIAL:	LS

Tall Ships Exp  
Recreation Exp

10 260 4070 260210

66.91  
170.65

Goods Rec'd. Date.....	Initial.....	<i>LS</i>
Prices Checked.....		<i>LS</i>
Add. & Ext. Checked.....		<i>LS</i>
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No. <i>10 270 4120 270 210</i>		\$ 122.83
Distribution: Acc't. No. <i>10 270 4120 270 180</i>		\$ 114.73



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

NAME: Carla Martell

PERIOD COVERED:

FROM: July 6, 2017 TO: July 31, 2017

DATE:	From - To	NOTE	MILEAGE (KM)	OTH EXP
July 18, 2017	17 Rocky Bay Rd to St. Peter's Lions Hall	Tall Ships Committee Meeting	78.00	
July 24, 2017	17 Rocky Bay Rd to St. Peter's Lions Hall	Tall Ships Committee Meeting	78.00	
July 28, 2017	Municipal Office to Point Michaud	Deliver items to Surf Hut	112	

Totals: 268.00 \$0.00

Rate: \$0.4289

Total Mileage (\$): \$114.95

Total Expenses Claimed: **\$114.95**

ACCOUNT #:	102704120270180	CHEQUE #:	
SIGNATURE:	<i>Carla Martell</i>	AMOUNT:	
APPROVED:	<i>CM</i>	DATE PAID:	
		INITIAL:	

Tall Ships Exp ~~10 260 4070 260210~~ 66.91

Recreation Exp ~~10 260 4070 260210~~ 48.04

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 4120 270180		

HST 3

ACTIVE  
 NO  
 / Livraison  
 et petits colis  
 missions  
 / Survolage / Déverrouil

28401

SCHEDULE "B"



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

**TRAVEL EXPENSE CLAIM** Rate \$0.4289

Name of Claimant:	Laurier Samson
Destination:	Quebec City, Quebec
Purpose of Travel:	Conference - Réseau des villes francophones et francophiles des Amériques
Departure Date/Time:	Monday, July 17 - 7:00 am
Return Date/Time:	Thursday, July 20 - 5:00 pm

Approval to Travel *See attached* Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	283.00			283.00		566.00
Total Cost of Mileage:	\$121.38	\$0.00	\$0.00	\$121.38	\$0.00	\$242.76
Accommodation/Hotel Name: Delta Hotels by Marriott	Direct Bill	Direct Bill	Direct Bill			\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20		\$20.00	\$20.00	\$20.00		\$60.00
Lunch \$25	\$25.00			\$25.00		\$50.00
Dinner \$30	\$30.00	\$30.00	\$30.00			\$90.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00	\$10.00	\$10.00			\$30.00
Taxi/Parking/Tolls (Receipts Required) <i>Taxi 34.25 each Parking 22</i>	\$63.00	<i>taxi baggage</i>		\$85.00	<i>taxi, baggage + parking</i>	\$148.00
<b>Total Amount Being Claimed</b> <i>Baggage \$28.75 each way</i>	\$249.38	\$60.00	\$60.00	\$251.38	\$0.00	<b>\$620.76</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 conference for le Réseau des villes francophones et francophiles des Amériques in Quebec City from July 17-20.*

*HST3*

All claims are to be submitted not later than 30 days after return.	Goods Rec'd. Date <u>8/2</u> Initial <u>JK</u>
Claimant Signature: <i>LS</i>	Prices Checked _____
Date: <u>07/24/17</u>	Add. & Ext. Checked _____
Travel Approved by Supervisor: <i>Samson</i>	Approval for Payment _____
GL Code:	Discount Date _____
	Paid by Cheque No _____
	Distribution: Acc't. No <u>102764120</u>

*270180*

  
**DELTA**  
 HOTELS  
 MARRIOTT

QUÉBEC

690, boul. Rene-Levesque East, Quebec, Quebec, G1R 5A8  
 Telephone: 418-647-1717 Fax: 418-647-2146

Municipality Of Richmond County  
 Laurier Samson  
 Canada

Chambre: 0601  
 Facture: 72564  
 Caissier 5  
 Arrivée: 17/07/17  
 Départ: 20/07/17  
 Référence:

Date	Description	Autres informations	Frais	Crédits
17/07/17	Chambre		185.00	
17/07/17	Taxe d'Hebergement		6.48	
17/07/17	TPS - Chambre		9.57	
17/07/17	TVQ - Chambre		19.11	
18/07/17	Chambre		185.00	
18/07/17	Taxe d'Hebergement		6.48	
18/07/17	TPS - Chambre		9.57	
18/07/17	TVQ - Chambre		19.11	
19/07/17	Chambre		185.00	
19/07/17	Taxe d'Hebergement		6.48	
19/07/17	TPS - Chambre		9.57	
19/07/17	TVQ - Chambre		19.11	
20/07/17	Master Card			660.48

<table border="1"> <thead> <tr> <th colspan="2">TPS Sommaire</th> <th colspan="2">TVQ Sommaire</th> </tr> </thead> <tbody> <tr> <td colspan="2">No. Enregistrement: 865734958</td> <td colspan="2">No. Enregistrement: 1202669375</td> </tr> <tr> <td>Chambre</td> <td>28.71</td> <td>Chambre</td> <td>57.33</td> </tr> <tr> <td>F&amp;B</td> <td>0.00</td> <td>F&amp;B</td> <td>0.00</td> </tr> <tr> <td>Autres</td> <td>19.44</td> <td>Autres</td> <td>0.00</td> </tr> <tr> <td><b>Total</b></td> <td><b>48.15</b></td> <td><b>Total</b></td> <td><b>57.33</b></td> </tr> </tbody> </table>		TPS Sommaire		TVQ Sommaire		No. Enregistrement: 865734958		No. Enregistrement: 1202669375		Chambre	28.71	Chambre	57.33	F&B	0.00	F&B	0.00	Autres	19.44	Autres	0.00	<b>Total</b>	<b>48.15</b>	<b>Total</b>	<b>57.33</b>	<table border="1"> <tbody> <tr> <td>Total</td> <td>660.48</td> <td>660.48</td> </tr> <tr> <td>Solde</td> <td>0.00 CAD</td> <td></td> </tr> </tbody> </table>	Total	660.48	660.48	Solde	0.00 CAD	
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Total	660.48	660.48																														
Solde	0.00 CAD																															

Signature du client: \_\_\_\_\_

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné.



# Booking Confirmation



Booking Reference: **MTG5SM**

Date of issue: 29 May, 2017

This is your Itinerary/Receipt. You must bring it with you to the airport for check-in and we recommend you keep a copy for your records. Please also take the time to review it as it contains the general conditions of carriage and applicable tariffs that apply to the tickets, bookings and air services detailed below, as well as baggage, dangerous goods and other important information related to your trip.

## - Depart

Economy Tango

Monday  
17 Jul, 2017

13:00  
**Halifax**  
Halifax Intl. (YHZ), NS



13:35  
**Montréal**  
Trudeau (YUL), QC

AC7565

**1hr35**  
Economy A  
Operated by: Air Canada Express - Sky  
Regional | E175 | Wi-Fi

Layover in Montréal

1hr35

Monday  
17 Jul, 2017

15:10  
**Montréal**  
Trudeau(YUL), QC



16:02  
**Quebec City**  
Jean Lesage Intl. (YQB), QC

AC8716

**0hr52**  
Economy A  
Operated by: Air Canada Express -  
Jazz | Q400

Total duration

4hr02

## - Return

Economy Tango

Friday  
21 Jul, 2017

09:25  
**Quebec City**  
Jean Lesage Intl. (YQB), QC



10:12  
**Montréal**  
Trudeau (YUL), QC

AC8707

**0hr47**  
Economy A  
Operated by: Air Canada Express -  
Jazz | Q400

Layover in Montréal

1hr18

Friday  
21 Jul, 2017

11:30  
**Montréal**  
Trudeau(YUL), QC



14:01  
**Halifax**  
Halifax Intl. (YHZ), NS

AC7584

**1hr31**  
Economy A  
Operated by: Air Canada Express - Sky  
Regional | E175 | Wi-Fi

Total duration

3hr36

## Passengers

Mr. Laurier Samson

Ticket Number

014XXXXXXXXXX

Air Canada - Aeroplan

Seats

AC7565 17F

AC8716 9F

AC8707 10F

AC7584 16F



## Purchase summary

Amount paid: \$513.18

### Tax information

1adult

Quebec Sales Tax - Canada no. 1000043172 TQ1991

\$3.49

Goods and Services Tax - Canada no. 100092287 RT0001

\$1.75

Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)

\$61.69

### Air Transportation Charges

Base Fare

286.00

Surcharges

36.00

### Taxes, fees and charges

Quebec Sales Tax - Canada no. 1000043172 TQ1991

3.49

Goods and Services Tax - Canada no. 100092287 RT0001

1.75

Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)

54.19

Air Travellers Security Charge

14.25

Airport Improvement Fee - Canada

60.00

Total airfare and taxes before options (per passenger)

\$455<sup>68</sup>

Number of passengers

X 1

Total

\$455<sup>68</sup>

### Seat selection

MR LAURIER SAMSON

AC7565: 17F - PFST ()

15.00

AC8716: 9F - PFST ()

10.00

AC8707: 10F - PFST ()

10.00

AC7584: 16F - PFST ()

15.00

Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)

7.50

Total with options and seat selection fee:

\$513<sup>18</sup>

GRAND TOTAL (Canadian dollars)

\$513<sup>18</sup>



## Check-in and boarding gate deadlines

Within Canada

90

minutes

### Recommended check-in time

You should check in no later than the times indicated at left. This will ensure you have plenty of time to check in, drop off your checked bags and pass through security.

45

minutes<sup>1</sup>

### Check-in and baggage drop-off deadline

You must have checked in, obtained your boarding pass and deposited all checked bags at the baggage drop-off counter before the end of the check-in period for your flight.

15

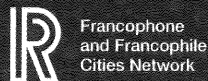
minutes

### Boarding gate deadline

You must be present at the boarding gate before it closes.

1. From Toronto City Airport (YTZ) - Check-in and baggage drop-off deadline: 20 minutes.

July 2017 Meeting



InvoiceN°177-2017-113  
29-05-2017  
Customer No : 158326

Payment by cheque:  
Conferium in trust - RVFFA 2017  
425, Boul. René-Lévesque Ouest  
Québec (Québec), G1S 1S2

Bill to:  
Laurier Samson  
Municipality of Richmond County  
2357 Hwy 2016  
Arichat, Nova Scotia  
B0E 1A0 Canada

Description	Price Unit	Quantity	Amount
Inscription RVFFA 2017	130,47\$	1	130,47\$
Dîner-conférence	0,00\$	1	0,00\$
Soirée : Réception de bienvenue offerte par la Ville de Québec	0,00\$	1	0,00\$
Diner-conférence sur le tourisme gastronomique	0,00\$	1	0,00\$
Soirée Souper-spectacle: La francophonie à l'honneur	0,00\$	1	0,00\$
Cérémonie de clôture et verre de l'amitié	0,00\$	1	0,00\$
Bloc d'atelier #2	0,00\$	1	0,00\$
Bloc d'atelier #1	0,00\$	1	0,00\$
<b>SUB TOTAL</b>			<b>130.47 \$</b>
<b>GST:</b>	<b>5%</b>		<b>6,52 \$</b>
<b>PST:</b>	<b>9,975%</b>		<b>13,01 \$</b>
<b>TOTAL</b>			<b>150.00 \$</b>
29/05/2017	<b>PAYMENT</b>		<b>150,00 \$</b>
<b>BALANCE</b>			<b>0,00 \$</b>

RVFFA/Ville de Québec - 43, rue De Buade, Bureau 310, Québec, Qc G1R 4A2  
# TPS 144247350 RT0001 # TVQ 1090046710 TQ0001

\*Payable on reception

\*Registration fees may be reimbursed in full before May 17, 2017. No refunds will be issued after this date.

\*All funds will be paid in whole to Ville de Québec as the municipality responsible for organizing the event.





**Fw: Air Canada – Receipt – Baggage Fee**  
: Laur work

2017/07/24 12:35 PM

---

**From:** Air Canada <confirmation@aircanada.ca>

**Sent:** July 20, 2017 10:30 PM

**Subject:** Air Canada - Receipt - Baggage Fee

Your fees have been successfully collected.

Departure Date: 2017-07-21

Passenger: LAURIER SAMSON  
Departure city: QUEBEC YQB  
Destination city: HALIFAX YHZ

Fee Breakdown:

Excess baggage fee (1 piece): 25.00 CAD

HST/TVH: 3.75 CAD

Total CAD: 28.75 CAD

Form of payment used: N

Please Note: This fee is non refundable.

RC - HARMONIZED SALES TAX -CANADA NO. 100092287 RT0001

Fly through paying on your mobile device with Air Canada Mobile+!  
Air Canada mobile+ can remember your personal and payment information so you can fly through your mobile experience and pay for items like upgrades and flight changes quickly, easily and securely. Click the link below to Learn More, <http://services.aircanada.com/portal-web/mobile/static/mobileplus.html>

You can view all your available Air Canada mobile+ messages here:  
<http://mymessages.aircanada.com/en/eufT9Cvb1tZLGIFy6TOlw>

\*\*\*\*\*

This service email was sent by Air Canada to you and contains important information

*→ It says excess luggage but it was the only bag I had. Air Canada doesn't include any bags when you fly.*



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

<b>TRAVEL EXPENSE CLAIM</b>		Rate <u>\$0.4289</u>
Name of Claimant:	Laurier Samson	
Destination:	Port Hawkesbury, NS	
Purpose of Travel:	Purchase snacks and fruit at Superstore for Tennis Tournament	
Departure Date/Time:	21-Aug-17	
Return Date/Time:	August 21, 2017	
Approval to Travel		Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	81.00	81.00				81.00
Total Cost of Mileage:	\$34.74	\$34.74	\$0.00	\$0.00	\$0.00	\$34.74
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>	\$34.74	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$34.74</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 \_\_\_\_\_

Since the Coop in Arichat didn't have any fresh fruit, I needed to go to the Superstore in Port Hawkesbury to purchase the fruit and snacks for the Tennis Tournament held on Monday, August 21.

<p><b>All claims are to be submitted not later than 30 days after return.</b></p> <p>Claimant Signature: <u>[Signature]</u></p> <p>Date: <u>August 29, 2017</u></p> <p>Travel Approved by Supervisor: <u>[Signature]</u></p> <p>GL Code: <u>10 270 4120 270180</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Goods Rec'd. Date.....</td> <td>Initial.....</td> </tr> <tr> <td>Prices Checked.....</td> <td></td> </tr> <tr> <td>Adc. &amp; Ext. Checked.....</td> <td></td> </tr> <tr> <td>Approval for Payment.....</td> <td></td> </tr> <tr> <td>Discount Date.....</td> <td></td> </tr> <tr> <td>Paid by Cheque No.....</td> <td></td> </tr> <tr> <td>Distribution: Acc't. No. <u>10 270 4120 270180</u></td> <td></td> </tr> </table>	Goods Rec'd. Date.....	Initial.....	Prices Checked.....		Adc. & Ext. Checked.....		Approval for Payment.....		Discount Date.....		Paid by Cheque No.....		Distribution: Acc't. No. <u>10 270 4120 270180</u>	
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Distribution: Acc't. No. <u>10 270 4120 270180</u>															