



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

NAME: Chris Boudreau

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

| DATE: | PARTICULARS: | MILEAGE (KM): | OTHER EXPENSES: |
|-----------|--|---------------|-----------------|
| 14-Sep-17 | Travel to Janvrins Harbour for interim inspection for on-site septic system. | 16 | |
| 14-Sep-17 | Travel to St. Peter's for meeting with Village regarding Toulouse Street Sewer Extension (partial claim as remainder of mileage claimed for travel to Port Hawkesbury for TIR meeting) | 40 | |
| 21-Sep-17 | Travel to D'Escousse area for on-site installation and pick up material. | 90 | |
| 22-Sep-17 | Travel to D'Escousse for on-site installation and Richmond Arena. | 60 | |
| 25-Sep-17 | Travel to Janvrin's Island for on-site installation and Richmond Arena. | 16 | |
| 26-Sep-17 | Travel to Richmond Arena to troubleshoot issue with refrigeration system. | 34 | |
| 28-Sep-17 | Travel to Richmond Arena for Louisdale WTP Construction Kickoff Meeting | 34 | |
| | | | |
| | | | |
| | | | |

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

| | | |
|----------------------------|-----------------|--------|
| Totals: | 290.00 | \$0.00 |
| Rate: | \$0.4289 | |
| Total Mileage (\$): | \$124.38 | |

Total Expenses Claimed: **\$124.38**

| | | | |
|------------|-----------------------|------------|--|
| ACCOUNT #: | 10-242-3070-242110 | CHEQUE #: | |
| SIGNATURE: | <i>Chris Boudreau</i> | AMOUNT: | |
| APPROVED: | <i>Hein Dignat</i> | 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: August 31, 2017 Departure time 10:20 AM
Return Date/Time: August 31, 2017 Arrival time: 4:45 PM
Approval to Travel: *Jason W. Antee* Date: *8/30*

| 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 | | | | | | 0 |
| Dinner \$30 | | | | | | 0 |
| Other Meals (Receipts Required) | | | | | | 0 |
| Incidentals (\$10 per overnight stay) | | | | | | 0 |
| Taxi/Parking/Tolls (Receipts Required) | | | | | | 0 |
| Total Amount Being Claimed | | | | | | \$80.63 |

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 *vs* N/A

- * Meeting with group of 9 municipalities to discuss issues with service provided by Diamond/Aptean
- * Conference call at 2:00pm with Paul Lemieux as well as ABM to discuss performance issues

Goods Rec'd. Date.....Initial.....*vs*
 Prices Checked.....*vs*
 Add. & Ext. Checked.....*vs*
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No. *10 212 2120 21213 0*
 Distribution: Acc't. No.....

All claims are to be submitted not later than 30 days after return.
Claimant Signature: *Kathleen Jeffrey*
Date: *8/31*
Travel Approved by Supervisor: *Jason W. Antee*
GL Code: _____ **HST Code:** _____



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

NAME: Brian Marchand

PERIOD COVERED:

FROM: May 24-2017 **TO:** July 31-2017

| DATE: | PARTICULARS: | MILEAGE (KM): | OTHER EXPENSES: |
|--------------|--|---------------|-----------------|
| May 24-2017 | Meeting with RCMP | 35.00 | |
| May 25-2017 | Martinique Park Discussion | 35.00 | |
| May 29-2017 | Meeting with CAO | 35.00 | |
| June 6-2017 | Meeting with Premium - re Water | 35.00 | |
| June 9-2017 | Meet with Municipal Affairs-Rules of Order | 35.00 | |
| June 12-2017 | COW | 35.00 | |
| June 14-2017 | Meet with LNGL | 35.00 | |
| June 14-2017 | 1st Budget Deliberations | 35.00 | |
| June 15-2017 | 2nd Budget Deliberations | 35.00 | |
| June 19-2017 | 3rd Budget Deliberations | 35.00 | |
| June 26-2017 | Meeting with Tourism People | 35.00 | |
| June 27-2017 | 4th Budget Deliberations | 35.00 | |
| July 4-2017 | Annual Meeting | 35.00 | |
| July 5-2017 | Audit Committee | 35.00 | |
| July 6-2017 | Port Days Dundee | 31.00 | |
| July 6-2017 | Port Days Dundee | 31.00 | |
| July 17-2017 | Meet with CAO Candidate | 24.00 | |
| July 17-2017 | Special Council Meeting | 35.00 | |
| July 20-2017 | Village of St. Peters-Toulouse Sewer | 40.00 | |
| July 21-2017 | Special Council Meeting-CAO | 35.00 | |

Totals: 686.00 \$0.00

Rate: \$0.4289

Total Mileage (\$): \$294.23

Total Expenses Claimed: \$294.23

Goods Rec'd. Date.....Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No. 10 210 210.0 210.110
 Distribution: Acc't. No.....

| | |
|----------------------------------|-------------------|
| ACCOUNT #: | CHEQUE #: |
| SIGNATURE: Brian Marchand | AMOUNT: |
| APPROVED: Louis Nigou | DATE PAID: |
| | INITIAL: |



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

| | |
|----------------------------------|--------------------------------|
| OF THE COUNTY OF RICHMOND | MUNICIPALITY TRAVEL |
| EXPENSE CLAIM | |

| | |
|-----------------------------|------------------------|
| Name of Claimant: | Brian Marchand |
| Destination: | Baddeck - Inverary Inn |
| Purpose of Travel: | CB-REN |
| Departure Date/Time: | Sept 7-2017 - 1:30 PM |
| Return Date/Time: | Sept 8-2017 - 5:30 PM |
| Approval to Travel | Date: |

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|--|----------|----------|-------|-------|-------|------------------|
| Mileage: # of Km 237 KM | \$ 50.82 | \$ 50.82 | | | | \$ 101.65 |
| Accommodation: Hotel Name: Inverary Inn <i>(Indicate if Direct Bill or Provide Receipt)</i> | | | | | | \$ - |
| Meals: Breakfast \$20 | | | | | | \$ - |
| Lunch \$25 | | | | | | \$ - |
| Dinner \$30 | \$ 30.00 | | | | | \$ 30.00 |
| Other Meals (Receipts Required) | | | | | | \$ - |
| Incidentals (\$10 per overnight stay) | \$ 10.00 | | | | | \$ 10.00 |
| Taxi/Parking/Tolls (Receipts Required) | | | | | | \$ - |
| Total Amount Being Claimed | \$ 90.82 | \$ 50.82 | \$ - | \$ - | \$ - | \$ 141.65 |

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: | <u>Brian Marchand</u> |
| Date: | <u>Sept 11/2017</u> |
| Travel Approved by Supervisor: | <u>Karen Dignel</u> |
| 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. <u>10.210.2100.210110</u> | | |

175/3

Thursday, September 7 – Lakeside Restaurant

- 4:00PM – 7:00PM **Registration**
- 7:00PM – 9:00PM **Welcome and Networking Session**
- Entertainment and light hors d'oeuvres

Friday, September 8 – MacAulay Conference Centre

- 7:30AM – 8:30AM **Breakfast, Registration, & Networking**
- 8:30AM – 9:00AM **Kick Off**
- 9:00AM – 9:15AM **Welcome Address**
- The Honourable Derek Mombourquette – Minister of Municipal Affairs, Province of Nova Scotia
- 9:15AM – 9:35AM **Municipal Affairs Update**
- Kelliann Dean – Deputy Minister of Municipal Affairs and Intergovernmental Affairs, Province of Nova Scotia
- 9:35AM – 11:00AM **NSREN Updates: Key Projects**
- Western Regional Enterprise Network
- Angélique LeBlanc - CEO, Western Regional Enterprise Network
- Eastern Strait Regional Enterprise Network
- John Beaton - CEO, Eastern Strait Regional Enterprise Network
- Valley Regional Enterprise Network
- W. Coby Milne - Interim CEO, Valley Regional Enterprise Network
- South Shore Regional Enterprise Network
- Annette St. Onge - Acting CEO, South Shore Regional Enterprise Network
- Cape Breton Regional Enterprise Network
- Keith MacDonald - President & CEO, Cape Breton Partnership
- 11:00AM – 11:15AM **Networking Break**
- 11:15AM – 12:00PM **Economic Development Models**
- Emilie de Rosenroll – CEO, South Island Prosperity Project (SIPP)
- 12:00PM – 1:15PM **Luncheon Keynote**
- Senator Dan Christmas – Senate of Canada
- 1:15PM – 3:00PM **New Opportunities**
- Ron Hanlon – President & CEO, Halifax Partnership



Nova Scotia Regional Enterprise Networks - Partners for Progress

September 7 & 8, 2017

Inverary Resort - Baddeck, Nova Scotia

- Craig MacMullin – President & CEO, Centre for Entrepreneurship, Education, & Development
- Kimberly White – Director, Workplace Initiatives, Department of Labour and Advanced Education, Province of Nova Scotia
- Danny Graham – Chief Engagement Officer, Engage Nova Scotia

3:00PM – 3:15PM

Networking & Nutrition Break

3:15PM – 3:45PM

The Year Ahead

3:45PM – 4:00PM

Wrap up and Feedback



MUNICIPALITY OF THE COUNTY OF RICHMOND
 TRAVEL EXPENSE CLAIM

| | |
|----------------------|--|
| Name of Claimant: | Brian Marchand |
| Destination: | Port Hawkesbury Civic Center & Various Sites |
| Purpose of Travel: | Meet with CB Partnership & prospective Business Client |
| Departure Date/Time: | Sept 26-2017 - 11:30 AM |
| Return Date/Time: | Sept 26-2017 - 4:00 PM |
| Approval to Travel | <i>Kevin Digeant</i> Date: <i>Sept 23.17</i> |

| Description | Sept 26-17 | | | | | | Total |
|--|------------|--|--|--|--|--|----------|
| Mileage: # of Km 71 KM | \$ 30.45 | | | | | | \$ 30.45 |
| 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 | \$ 30.45 | | | | | | \$ 30.45 |

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 BM N/A

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

| | |
|--------------------------------|-----------------------|
| Claimant Signature: | <i>Brian Marchand</i> |
| Date: | <i>Sept 30/2017</i> |
| Travel Approved by Supervisor: | <i>Kevin Digeant</i> |
| GL Code: | |

| | | |
|--|--------------|----------|
| Goods Rec'd. Date..... | Initial..... | <i>A</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>10 210 2100 210110</i> | | |

HST 3



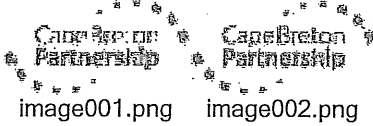
RE: Showcasing the Strait Region - Opportunity with Green Seaweed

tdoyle@townofph.ca, Brenda
Carla Arsenault to: Chisholm-Beaton, ldigout
(ldigout@richmondcounty.ca)

25/09/2017 11:08 PM

Cc: "Daniel Cooper", Stella Cameron, Jamie Cooper

2 attachments



Just a reminder to everyone about the meeting with Green Seaweed tomorrow, Tuesday September 26th at 11 am in the Boardroom of the Port Hawkesbury Civic Centre. Looking forward to seeing everyone there.

Regards,
Carla

[CBP Logo - Email Signature new]Carla Arsenault, MBA, C.Mgr.
Chief Operating Officer
Cape Breton Partnership
(w) 902-562-0122 (c) 902-577-2455
carla@capebretonpartnership.com<mailto:carla@capebretonpartnership.com>

-----Original Appointment-----

From: Carla Arsenault
Sent: Wednesday, September 20, 2017 7:46 PM
To: Carla Arsenault; tdoyle@townofph.ca; Brenda Chisholm-Beaton; ldigout (ldigout@richmondcounty.ca); bmarchand@richmondcounty.ca; Jeff Stanley; Keith MacDonald; mcooper@allsteelco.ca; 'Wanda MacLean'; Malcolm, Karen (ACOA/APECA); jdbain@edpc.ca; ajones@edpc.ca
Cc: Daniel Cooper; Stella Cameron; Jamie Cooper
Subject: Showcasing the Strait Region - Opportunity with Green Seaweed
When: Tuesday, September 26, 2017 11:00 AM-2:00 PM (UTC-04:00) Atlantic Time (Canada).
Where: Executive Boardroom, Port Hawkesbury Civic Centre

The Cape Breton Partnership would like to invite you to be part of a presentation to showcase what our Strait Region has to offer Green Seaweed in their upcoming business opportunity. We will be meeting with David Burton and the tentative agenda will be as follows:

11:00 am - Introductions
11:05 am - Presentation on the Strait Region and what real estate opportunities are available
12:00 pm - Lunch
12:30 pm - Site visits to the various locations
2:00 pm - Re group at the Civic Centre to discuss next steps if required

Our intent is to show Mr. Burton what our region has to offer, 2-3 potential land options and their attributes, and why they should choose our area for their business. They have previously had discussions with the Cape Breton Partnership, Richmond County Council, NSBI, Tupper Developments and ACOA but have requested to do site visits once more. This meeting is an opportunity for us to come together as a group to demonstrate our support for their business and showcase just what we can offer.

We hope you can make it.

Regards,
Carla



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

| | |
|-----------------------------|---|
| Name of Claimant: | Brian Marchand |
| Destination: | Halifax - Westin |
| Purpose of Travel: | Eli Mina |
| Departure Date/Time: | Sept 20-2017 - 3:30 PM |
| Return Date/Time: | Sept 22-2017 - 8:00 PM |
| Approval to Travel | <i>Kevin Dignard</i> Date: <i>Sept 15 - 2017</i> |

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|--|-----------|-----------|-----------|-------|-------|-----------|
| Mileage: # of Km 622 KM | \$ 133.39 | | \$ 133.39 | | | \$ 266.78 |
| Accommodation: Hotel Name: Prince George <i>(Indicate if Direct Bill or Provide Receipt)</i> | \$ 215.33 | \$ 215.33 | | | | \$ 430.66 |
| Meals: Breakfast \$20 | | \$ 20.00 | \$ 20.00 | | | \$ 40.00 |
| Lunch \$25 | | | | | | \$ - |
| Dinner \$30 | \$ 30.00 | \$ 30.00 | \$ 30.00 | | | \$ 90.00 |
| Other Meals (Receipts Required) | | | | | | \$ - |
| Incidentals (\$10 per overnight stay) | \$ 10.00 | \$ 10.00 | | | | \$ 20.00 |
| Taxi/Parking/Tolls (Receipts Required) | | \$ 17.02 | | | | \$ 17.02 |
| Total Amount Being Claimed | \$ 388.72 | \$ 292.35 | \$ 183.39 | \$ - | \$ - | \$ 864.46 |

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.

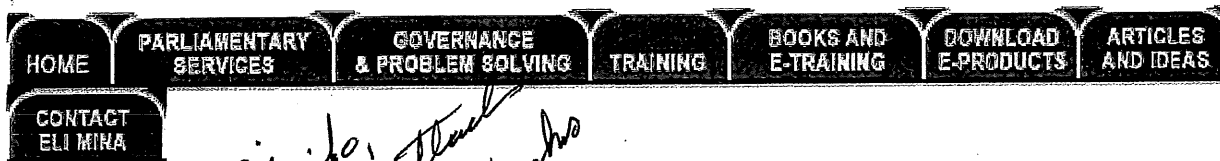
I confirm that I attended 80% or more of the conference I attended: Initial *BM* N/A

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

| | |
|--------------------------------|-----------------------|
| Claimant Signature: | <i>Brian Marchand</i> |
| Date: | <i>Sept 25 - 2017</i> |
| Travel Approved by Supervisor: | <i>Kevin Dignard</i> |
| GL Code: | |

| | |
|--|--------------|
| Goods Rec'd. Date..... | Initial..... |
| 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>10 210 2100 210110</i> | |

1151
3



*Yvonne,
You said that she is supporting info, pls attach Thanks*

[Back to Schedule](#) | **Halifax Scheduled Programs & Events**

Register on-line

- Complete this form on-line and then print it
- Press SEND to hold the space
- Mail form with cheque (address below)

OR

Register manually

- Print the form and fill it manually
- Mail form with cheque (address below)

Organization:

Contact Name:

Address:

City: Province:

Postal Code: Country:

Phone: Fax:

Email:

| Participant | WK-A \$425. | WK-B \$425. | Both WK-A & B \$800.00 (discounted) | Total |
|---|-----------------------|-----------------------|--|--------------------------------------|
| <input type="text" value="Warden Brian Marchand"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="800.00"/> |
| <input type="text" value="Councillor Alvin Martell"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="800.00"/> |
| <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| GRAND TOTAL (HST included, GST# R110947694) | | | | <input type="text" value="1600.00"/> |

Workshop Details

| Code | Title | Date | Price | Time |
|------|--|-----------------------------------|-------------------------|---|
| WK-A | "Supporting Successful Meetings" (for local government support staff) | Thursday September 21, 2017 | \$425.00, including HST | Registration and coffee 8:30 a.m. Session: 9 a.m. to 4 p.m. |
| WK-B | "We've Got to Stop Meeting Like This" (for elected officials and senior management staff) | Friday September 22, 2017 | \$425.00, including HST | Registration 8:30 a.m. Session: 9 a.m. to 4 p.m. |

WORKSHOP LOCATION:
Westin Nova Scotian Hotel
1181 Hollis Street

**MAIL CHEQUE TO
(no credit card payment):**
Eli Mina Consulting
3381 Cambie Street, Unit 364.



< [Back to Registration Form](#) | **Scheduled Programs & Events**

Thank you for registering.

If you have not printed the registration form, [click BACK](#), then **print the form, and mail it with your payment** (cheque only) to the address below. I am looking forward to working with you.

Workshop Details

| Code | Title | Date | Price | Time |
|------|--|-----------------------------------|---------------------------|---|
| WK-A | "Supporting Successful Meetings" For municipal support staff | Thursday September 21, 2017 | \$425.00 including HST | Registration 8:30 a.m. Session: 9 a.m. to 4 p.m. |
| WK-B | "We've Got to Stop Meeting Like This" For elected officials and senior management | Friday September 22, 2017 | \$425.00 including HST | Registration 8:30 a.m. Session: 9 a.m. to 4 p.m. |

WORKSHOP LOCATION:

Westin Nova Scotian Hotel
1181 Hollis Street
Halifax, Nova Scotia
B3H 2B6
Hotel phone: 902-421-1000
Guest rooms: 1-888-627-8553
"Eli Mina Consulting-UNSM" limited room
block

**MAIL CHEQUE TO
(no credit card payment):**

Eli Mina Consulting
3381 Cambie Street, Unit 364
Vancouver, B.C., Canada V5Z 4R3

Phone: 604-730-0377
E-mail: eli@elimina.com
Web site: www.elimina.com

Eli Mina Consulting | Email eli@elimina.com | Subscribe to Newsletter | 604-730-0377

Sept 21/2017

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

HST 3

10 210 2100 210 110
10 210 2100 210130

\$800.00
800.00



The Prince George Hotel

HALIFAX

Mr. Brian Marchand

Canada

Room No. : 232
 Arrival : 09-20-17
 Departure : 09-22-17
 Folio No. : 132183
 Cashier No. : 50
 Conf. No. : 644502

| Date | Description | Charges | Credits |
|----------------------|--|---------|-------------|
| 09-20-17 | Room Charge | 162.00 | |
| 09-20-17 | HRM Room Levy | 3.24 | |
| 09-20-17 | HST Room | 24.79 | |
| 09-20-17 | Guest Self Parking | 22.00 | |
| 09-20-17 | HST Parking | 3.30 | |
| 09-21-17 | Room Charge | 162.00 | |
| 09-21-17 | HRM Room Levy | 3.24 | |
| 09-21-17 | HST Room | 24.79 | |
| 09-21-17 | Guest Self Parking | 22.00 | |
| 09-21-17 | HST Parking | 3.30 | |
| 09-22-17 | Visa Payment XXXXXXXXXXXX0331 XX/XX | | 430.66 |
| Total Charges | | 430.66 | |
| Total Credits | | | 430.66 |
| Balance | | | 0.00 |

Guest Signature: _____

DESCRIPTION: _____

902 420 0000
THANK YOU

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT
VERIFICATION

YELLOW CAB HALIFAX
2756 GLADSTONE ST
HALIFAX NS

TERMINAL ID: 316-438-023
MERCHANT ID: 528533BJ
VEHICLE ID : 122
DRIVER ID : 00161046

TRIP NUMBER: 0278
PASSENGERS: 1

09/21/2017
START: 07:47 END: 07:48

FARE AMOUNT: \$ 7.02

TOTAL : \$ 7.02

VISA SALE : *****0331

APPROVAL NUMBER : 040954

*****PASSENGER COPY*****

902 420 0000
THANK YOU

DESCRIPTION: _____

902 420 0000
THANK YOU

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT
VERIFICATION

YELLOW CAB HALIFAX
2756 GLADSTONE ST
HALIFAX NS

TERMINAL ID: 316-438-344
MERCHANT ID: 528533DG
VEHICLE ID : 672
DRIVER ID : 00111782

TRIP NUMBER: 0097
PASSENGERS: 1

09/21/2017
START: 16:20 END: 16:20

FARE AMOUNT: \$ 10.00

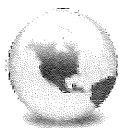
TOTAL : \$ 10.00

VISA SALE : *****0331

APPROVAL NUMBER : 011733

*****PASSENGER COPY*****

902 420 0000
THANK YOU



September 21-22 workshops

Eli Mina

to:

15/09/2017 02:46 PM

Hide Details

From: "Eli Mina" <eli@elimina.com>

To: <Undisclosed-Recipient:>

History: This message has been forwarded.

To all participants in the September 21-22 workshops
From Eli Mina, Registered Parliamentarian

It's less than a week away from the workshops and I am looking forward to working with you. We have about 30 participants in each day.

Some of you registered for "**Supporting Successful Meetings**" on Thursday September 21st, others signed up for "**We've Got to Stop Meeting Like This**" on Friday September 22nd, and about ten of you registered for both. Please check your registration form and contact me if you have any questions.

If you registered more than one person, please forward this email to other participants from your municipality.

Here are a few details for you:

Workshop Location: Westin Nova Scotian Hotel, Halifax.

September 21st workshop will be held in the **TRADEWINDS** meeting room.

September 22nd workshop will be held in the **HARBOUR SUITES** meeting room (A and B).

Look for UNSM-Eli Mina Consulting sign.

Schedule:

8:30 to 9:00 a.m.: Registration, coffee and tea served.

9:00 a.m. sharp: Workshop starts.

10:30 a.m.: Morning break; Beverages and pastries served.

12:00 noon: Buffet lunch served (soup, salad, sandwiches, beverages).

1:00 to 4 p.m.: Afternoon portion, with a break at about 2:30 p.m. (no catering).

Seating: Round tables of up to 6 people per table.

Materials:

Printed workshop materials will be provided when you sign in.

Notes:

The workshops will be interactive and questions will be welcome throughout the two days.

Thank you very much for making these workshops possible. See you next week.

Eli Mina, Board Effectiveness Consultant &

Registered Parliamentarian

604-730-0377

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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: | Brian Marchand |
| Destination: | East Antigonish School |
| Purpose of Travel: | Collabrotive Community Health Board Announcement |
| Departure Date/Time: | Oct 2-2017 - 1:00 PM |
| Return Date/Time: | Oct 2-2017 - 3:00 PM |
| Approval to Travel | <i>Kevin Diquart</i> Date: <i>Oct. 1. 2017</i> |

| Description | Oct 2-17 | | | | | Total |
|---|----------|--|--|--|--|----------|
| Mileage: # of Km 112 KM | \$ 48.04 | | | | | \$ 48.04 |
| Accomodation: 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 | \$ 48.04 | | | | | \$ 48.04 |

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

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

Claimant Signature: *Brian Marchand*

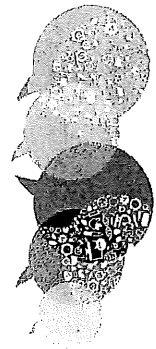
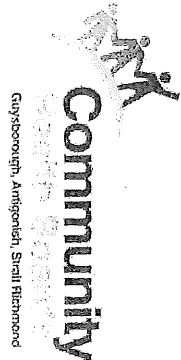
Date: *Oct 3/2017*

Travel Approved by Supervisor: *Kevin Diquart*

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>10 210 2100 21011</i> | | |

HSR 3



On behalf of the Community Health Boards for Antigonish Town and County, Guysborough and Strait Richmond, we invite our friends and colleagues to the

Official launch of our Collaborative Community Health Plan

Please join us on Monday, October 2 from 1 p.m. to 2 p.m.
East Antigonish Education Centre/Academy and Early Years Centre
10128 Rte. 4, Monastery, Nova Scotia (Exit 37)

Sincerely,

Phil Girvan, Chair, Antigonish and County Community Health Board
Mary Desmond, Chair, Guysborough Community Health Board
Dorothy Barnard, Chair, Strait Richmond Community Health Board

Please RSVP to Debbie L. Ross by September 25, 2017
debbiel.ross@nshealth.ca
Office: 902-867-4500 ext. 4499



SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM Rate **\$0.4289**

| | |
|-----------------------------|---|
| Name of Claimant: | Alvin Martell |
| Destination: | 368 Shore Road Baddeck N.S. |
| Purpose of Travel: | N.S. Regional Enterprise Network Conference |
| Departure Date/Time: | September 7, 2017 @ 3P.M. |
| Return Date/Time: | September 8, 2017 @ 4P.M. |

Approval to Travel *Kevin Dignall* Date: *Sept 22, 17*

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|---|----------|--------|--------|--------|--------|-----------------|
| Total Mileage (# of Km): 225.00 | 225.00 | | | | | 225.00 |
| Total Cost of Mileage: \$96.50 | \$96.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$96.50 |
| 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 | \$30.00 | | | | | \$30.00 |
| Other Meals (Receipts Required) | | | | | | \$0.00 |
| Incidentals (\$10 per overnight stay) | \$10.00 | | | | | 10.00 |
| Taxi/Parking/Tolls (Receipts Required) | | | | | | \$0.00 |
| Total Amount Being Claimed | \$126.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$126.50 |

\$136.50

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%

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

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

Claimant Signature: *Alvin Martell*

Date: *Sept. 14, 2017*

Travel Approved by Supervisor: *Guan Maynard*

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>210 2110 2101</i> | | <i>30</i> |

Thursday, September 7 – Lakeside Restaurant

- 4:00PM – 7:00PM** **Registration**
- 7:00PM – 9:00PM** **Welcome and Networking Session**
- Entertainment and light hors d'oeuvres

Friday, September 8 – MacAulay Conference Centre

- 7:30AM – 8:30AM** **Breakfast, Registration, & Networking**
- 8:30AM – 9:00AM** **Kick Off**
- 9:00AM – 9:15AM** **Welcome Address**
- The Honourable Derek Mombourquette – Minister of Municipal Affairs, Province of Nova Scotia
- 9:15AM – 9:35AM** **Municipal Affairs Update**
- Kelliann Dean – Deputy Minister of Municipal Affairs and Intergovernmental Affairs, Province of Nova Scotia
- 9:35AM – 11:00AM** **NSREN Updates: Key Projects**
- Western Regional Enterprise Network
- Angélique LeBlanc - CEO, Western Regional Enterprise Network
- Eastern Strait Regional Enterprise Network
- John Beaton - CEO, Eastern Strait Regional Enterprise Network
- Valley Regional Enterprise Network
- W. Coby Milne - Interim CEO, Valley Regional Enterprise Network
- South Shore Regional Enterprise Network
- Annette St. Onge - Acting CEO, South Shore Regional Enterprise Network
- Cape Breton Regional Enterprise Network
- Keith MacDonald - President & CEO, Cape Breton Partnership
- 11:00AM – 11:15AM** **Networking Break**
- 11:15AM – 12:00PM** **Economic Development Models**
- Emilie de Rosenroll – CEO, South Island Prosperity Project (SIPP)
- 12:00PM – 1:15PM** **Luncheon Keynote**
- Senator Dan Christmas – Senate of Canada
- 1:15PM – 3:00PM** **New Opportunities**
- Ron Hanlon – President & CEO, Halifax Partnership

- Craig MacMullin – President & CEO, Centre for Entrepreneurship, Education, & Development
- Kimberly White – Director, Workplace Initiatives, Department of Labour and Advanced Education, Province of Nova Scotia
- Danny Graham – Chief Engagement Officer, Engage Nova Scotia

3:00PM – 3:15PM

Networking & Nutrition Break

3:15PM – 3:45PM

The Year Ahead

3:45PM – 4:00PM

Wrap up and Feedback

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM Rate **\$0.4289**

| | |
|-----------------------------|--------------------------------|
| Name of Claimant: | Alvin Martell |
| Destination: | Halifax |
| Purpose of Travel: | (Board Training)(Eli-Mina) |
| Departure Date/Time: | 4 P.M. September 20th ,2017 |
| Return Date/Time: | 7:30 P.M. September 22nd ,2017 |

Approval to Travel *Lois Diquart* **Date:** *Oct 4, 2017*

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|--|-----------------|----------------|----------------|---------------|---------------|-----------------|
| Total Mileage (# of Km): 625.00 | 625.00 | | | | | 625.00 |
| Total Cost of Mileage: \$268.06 | \$268.06 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$268.06 |
| Accommodation/Hotel Name Prince George <i>(Indicate if Direct Bill or Provide Receipt)</i> | | | | | | \$0.00 |
| Meals: Breakfast \$20 | | \$20.00 | \$20.00 | | | \$40.00 |
| Lunch \$25 | | | | | | \$0.00 |
| 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 | | | | \$20.00 |
| Taxi/Parking/Tolls (Receipts Required) | \$8.00 | | | | | \$8.00 |
| Total Amount Being Claimed | \$316.06 | \$60.00 | \$50.00 | \$0.00 | \$0.00 | \$426.06 |

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 A.M N/A _____

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

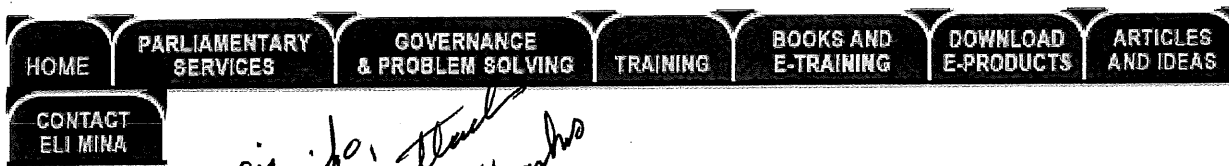
Claimant Signature: *Alvin Martell*

Date: *Sept. 24, 2017*

Travel Approved by Supervisor: *Lois Diquart*

GL Code: _____

| | | |
|---|--------------|---|
| Goods Rec'd. Date..... | Initial..... | |
| Prices Checked..... | | A |
| Add. & Ext. Checked..... | | B |
| Approval for Payment..... | | |
| Discount Date..... | | |
| Paid by Cheque No..... | | |
| Distribution: Acc't. No. <i>10 210 2110 21013</i> | | |



*Yvonne,
You said that there is supporting info, pls attach
Thanks*

[Back to Schedule](#) | **Halifax Scheduled Programs & Events**

Register on-line

Register manually

- Complete this form on-line and then print it
- Press SEND to hold the space
- Mail form with cheque (address below)

OR

- Print the form and fill it manually
- Mail form with cheque (address below)

Organization:

Contact Name:

Address:

City: Province:

Postal Code: Country:

Phone: Fax:

Email:

| Participant | WK-A \$425. | WK-B \$425. | Both WK-A & B \$800.00 (discounted) | Total |
|---|-----------------------|-----------------------|--|--------------------------------------|
| <input type="text" value="Warden Brian Marchand"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="800.00"/> |
| <input type="text" value="Councillor Alvin Martell"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="800.00"/> |
| <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| GRAND TOTAL (HST included, GST# R110947694) | | | | <input type="text" value="1600.00"/> |

Workshop Details

| Code | Title | Date | Price | Time |
|------|--|-----------------------------------|-------------------------|---|
| WK-A | "Supporting Successful Meetings" (for local government support staff) | Thursday September 21, 2017 | \$425.00, including HST | Registration and coffee 8:30 a.m. Session: 9 a.m. to 4 p.m. |
| WK-B | "We've Got to Stop Meeting Like This" (for elected officials and senior management staff) | Friday September 22, 2017 | \$425.00, including HST | Registration 8:30 a.m. Session: 9 a.m. to 4 p.m. |

WORKSHOP LOCATION:
Westin Nova Scotian Hotel
1181 Hollis Street

MAIL CHEQUE TO
(no credit card payment):
Eli Mina Consulting
3381 Cambie Street, Unit 364.



< [Back to Registration Form](#) | **Scheduled Programs & Events**

Thank you for registering.

If you have not printed the registration form, [click BACK](#), then **print the form, and mail it with your payment** (cheque only) to the address below. I am looking forward to working with you.

Workshop Details

| Code | Title | Date | Price | Time |
|------|--|-----------------------------------|---------------------------|---|
| WK-A | "Supporting Successful Meetings" For municipal support staff | Thursday September 21, 2017 | \$425.00 including HST | Registration 8:30 a.m. Session: 9 a.m. to 4 p.m. |
| WK-B | "We've Got to Stop Meeting Like This" For elected officials and senior management | Friday September 22, 2017 | \$425.00 including HST | Registration 8:30 a.m. Session: 9 a.m. to 4 p.m. |

WORKSHOP LOCATION:
Westin Nova Scotian Hotel
1181 Hollis Street
Halifax, Nova Scotia
B3H 2B6
Hotel phone: 902-421-1000
Guest rooms: 1-888-627-8553
"Eli Mina Consulting-UNSM" limited room
block

MAIL CHEQUE TO
(no credit card payment):
Eli Mina Consulting
3381 Cambie Street, Unit 364
Vancouver, B.C., Canada V5Z 4R3

Phone: 604-730-0377
E-mail: eli@elimina.com
Web site: www.elimina.com

Eli Mina Consulting | Email eli@elimina.com | Subscribe to Newsletter | 604-730-0377

Sept 21/2017

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

HST
3

10 210 2100 310 110
10 210 2100 2101 30

\$800.00
800.00

Outlook Mail

Alvin Martell

Search Mail and People

New | Reply | Delete | Archive | Junk | Sweep | Move to

Folders

- Inbox 52
- Junk Email 17
- Drafts
- Sent Items
- Deleted Items
- Archive
- Canada Post
- Contacts_0
- IBC
- personal
- Pictures for Kijiji
- POP

Fw: September 21-22 workshops

A amartell@richmondcounty.ca Wed 09-20, 11:07 AM
 You

FYI

— Forwarded by Alvin Martell/Richmond on 20/09/2017 08:07 AM —

Yvonne Boudreau/Richmond To Brian Marchand/Richmond@richmond, Alvin Martell/Richmond@richmond
 cc
 Subject: Fwd: September 21-22 workshops

Sent from my iPhone

Begin forwarded message:

From: "Eli Mina" <eli@elimina.com>
 Date: September 15, 2017 at 2:46:32 PM ADT
 To: "Undisclosed-Recipient:"
 <PFVuzGlzY2xvc2VklVJlY2lwaWVudDo=@Int.noninternet.sub>; ""
 <Pg==@Int.noninternet.sub>
 Subject: September 21-22 workshops

To all participants in the September 21-22 workshops
 From Eli Mina, Registered Parliamentarian

It's less than a week away from the workshops and I am looking forward to working with you.
 We have about 30 participants in each day.

Some of you registered for "**Supporting Successful Meetings**" on Thursday September 21st, others signed up for "**We've Got to Stop Meeting Like This**" on Friday September 22nd, and about ten of you registered for both. Please check your registration form and contact me if you have any questions.

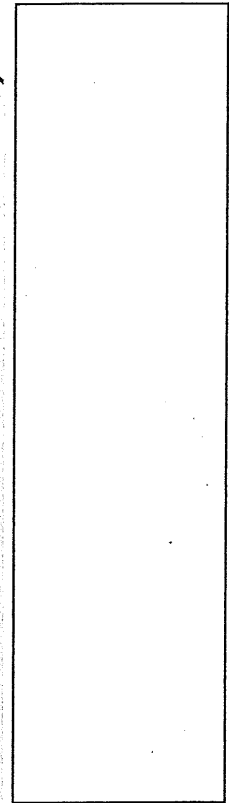
If you registered more than one person, please forward this email to other participants from your municipality.

Here are a few details for you:

Workshop Location: Westin Nova Scotian Hotel, Halifax.
 September 21st workshop will be held in the **TRADEWINDS** meeting room.
 September 22nd workshop will be held in the **HARBOUR SUITES** meeting room (A and B).
 Look for UNSM-Eli Mina Consulting sign.

Schedule:
 8:30 to 9:00 a.m.: Registration, coffee and tea served.
 9:00 a.m. sharp: Workshop starts.
 10:30 a.m.: Morning break; Beverages and pastries served.
 12:00 noon: Buffet lunch served (soup, salad, sandwiches, beverages).
 1:00 to 4 p.m.: Afternoon portion, with a break at about 2:30 p.m. (no catering).

Seating: Round tables of up to 6 people per table.



Upgrade to ad-free

Upgrade to Premium

Car No. 244



DATE/TIME.....

FROM.....



TO.....

No. Pass..... Extras.....

FARE..... 8.....

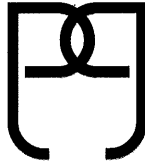
PASS. NAME.....

SIGNED..... [Signature].....

 *Download Our App Today!* 

DEBIT, VISA, AMEX, MASTERCARD ACCEPTED

(902) 420-0000



The Prince George Hotel
HALIFAX

Mr. Alvin Martell
1184 Highway 206
West Arichat, NS B0E 3J0
Canada

Wednesday, August 30, 2017

Mr. Martell,

Thank you for choosing Prince George Hotel. We are delighted to confirm your guest reservation as follows:

| | | | |
|-------------------------|--------------------|-------------------|-------------------------------|
| Registration: | September 20, 2017 | Departure Date: | September 22, 2017 (2 Nights) |
| Accommodations: | Deluxe King | | |
| No. of Adults/Children: | 1 / 0 | Confirmation No.: | 644506 |
| Daily Room Rate: | \$162.00 | | |
| Total Including Tax: | \$380.06 | | |

+ Parking 430.00

Check-in time is after 3pm, and check-out time is prior to 1pm. If you are using a gift card or certificate for your stay, please present the original upon check-in to properly process the reservation. Copies will not be accepted.

Upgrade Your Reservation

Please reply to this email at any time should you wish to upgrade your stay to Crown Service or an Executive Suite. Luxury is an email away!

Cancel or Change a Reservation

Cancellations or changes to a reservation must be received the day prior to arrival. Cancellations received on day of arrival are subject to a cancellation fee of one night's room and tax charge will be charged to the credit card used to guarantee your reservation.

Parking

Valet Parking is available

Express Check Out and Paperless Receipts

Call Guest Services to notify them of your departure, leave your keys in your room and we will send you a copy of your finalized hotel bill via email.

Pets

For a one-time add-on rate of \$25 per stay, we provide a welcome package that includes a comfy fleecy blanket, biodegradable waste bags, a bowl for food or water, a door hanger to identify your room has a pet and treats for our four legged guests.

We also offer a Pet-Free Floor.

Best Regards,
Scott Travis
General Manager



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

NAME: Carla Martell

PERIOD COVERED:

FROM: Aug 1, 2017 TO: Aug 31, 2017

| DATE: | From - To | NOTE | MILEAGE (KM) | OTH EXP |
|-----------------|--|-----------------------------------|--------------|---------|
| August 2, 2017 | Municipal Office to St. Peter's Marina | Tall Ships Committee Meeting | 72.00 | |
| August 3, 2017 | Municipal Office to St. Peter's Canal | Tall Ships Setup | 72.00 | |
| August 4, 2017 | Municipal Office to St. Peter's Canal | Tall Ships - Event | 72.00 | |
| August 5, 2017 | 17 Rocky Bay Rd to St. Peter's Canal | Tall Ships - Event | 78.00 | |
| August 6, 2017 | 17 Rocky Bay Rd to St. Peter's Canal | Tall Ships - Event | 78.00 | |
| August 8, 2017 | Municipal Office to St. Peter's Canal | Tall Ships - Meeting | 72.00 | |
| August 22, 2017 | Municipal Office to Point Michaud | Deliver Forms & Pick up Equipment | 112.00 | |
| August 29, 2017 | Municipal Office to St. Peter's Marina | Tall Ships Wrap up | 72.00 | |

Totals:

628.00 \$0.00

Rate:

\$0.4289

Total Mileage (\$):

\$269.35

Total Expenses Claimed:

\$269.35

| | | | |
|------------|----------------------|------------|--|
| ACCOUNT #: | 10 260 4070 260190 | CHEQUE #: | |
| SIGNATURE: | <i>Carla Martell</i> | AMOUNT: | |
| APPROVED: | <i>[Signature]</i> | DATE PAID: | |
| | | INITIAL: | |

Tall Ships Exp
 Recreation Exp

10 260 4070 260210

221.31
 48.04

| | |
|---|--------------|
| Goods Rec'd. Date..... | Initial..... |
| Prices Checked..... | |
| Add. & Ext. Checked..... | |
| Approval for Payment..... | |
| Discount Date..... | |
| Paid by Cheque No..... | |
| Distribution: Acc't. No. 10 260 4070 260190 | |

1583

SCHEDULE "B"



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

| TRAVEL EXPENSE CLAIM | | Rate <u>\$0.4289</u> |
|-----------------------------|---|----------------------|
| Name of Claimant: | Sharla Sampson | |
| Destination: | 16 Upper Railway Street, Inverness | |
| Purpose of Travel: | After the Bell Regional Meeting (After School Provincial Funding) | |
| Departure Date/Time: | 29/08/2017 10:00 | |
| Return Date/Time: | 29/08/2017 13:00 | |
| Approval to Travel | | Date: |

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|--|----------|--------|--------|--------|--------|-----------------|
| Total Mileage (# of Km): 258.00 | 258.00 | | | | | 258.00 |
| Total Cost of Mileage: \$110.66 | \$110.66 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$110.66 |
| 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 | \$135.66 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$135.66 |

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 SS N/A _____

| | |
|--|---------------------------|
| All claims are to be submitted not later than 30 days after return. | |
| Claimant Signature: | <u>Sharla Sampson</u> |
| Date: | <u>30/08/2017</u> |
| Travel Approved by Supervisor: | <u>[Signature]</u> |
| GL Code: | <u>10 270 4120 270130</u> |

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

SCHEDULE "B"



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

| TRAVEL EXPENSE CLAIM | | Rate \$0.4289 |
|-----------------------------|--|--------------------------|
| Name of Claimant: | Laurier Samson | |
| Destination: | Membertou Trade & Convention Centre, Membertou | |
| Purpose of Travel: | Recreation Conference | |
| Departure Date/Time: | Wednesday, September 27 - 8:00 am | |
| Return Date/Time: | Thursday, September 28 - 5:00 pm | |
| Approval to Travel | <i>Henri Piquart</i> | Date: <i>Oct 2, 2017</i> |

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|---|----------|--------|--------|--------|--------|-----------------|
| Total Mileage (# of Km): | 246.00 | 246.00 | | | | 246.00 |
| Total Cost of Mileage: | \$105.51 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$105.51 |
| 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 |
| Total Amount Being Claimed | \$105.51 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$105.51 |

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 travelled with Sharla on the 2nd day of the conference.

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

Claimant Signature: _____

Date: 09/29/17

Travel Approved by Supervisor: *Henri Piquart*

GL Code: 10 270 4120 270180

| | |
|--|--------------|
| 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 270180</u> | |

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: | Sydney, NS | |
| Purpose of Travel: | Recreation Nova Scotia Conference | |
| Departure Date/Time: | September 27 - 7:00 am | |
| Return Date/Time: | September 27 - 5:30 pm | |
| Approval to Travel | <i>Kevin Dignaut</i> | Date: <i>Aug 2-17</i> |

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|---|--------|--------|--------|--------|--------|--------|
| Total Mileage (# of Km): | 0.00 | | | | | 0.00 |
| Total Cost of Mileage: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 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 |
| Total Amount Being Claimed | \$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
LA MUNICIPALITÉ DU COMTÉ DE
RICHMOND

| TRAVEL EXPENSE CLAIM | | Rate \$0.4289 |
|-----------------------------|-----------------------------------|----------------------|
| Name of Claimant: | Laurier Samson | |
| Destination: | Sydney, NS | |
| Purpose of Travel: | Recreation Nova Scotia Conference | |
| Departure Date/Time: | September 28 - 7:00 am | |
| Return Date/Time: | September 28 - 5:00 pm | |
| Approval to Travel | | Date: |

| Description | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total |
|---|--------|--------|--------|--------|--------|--------|
| Total Mileage (# of Km): 0.00 | | | | | | 0.00 |
| Total Cost of Mileage: \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 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 |
| Total Amount Being Claimed | \$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: | _____ |

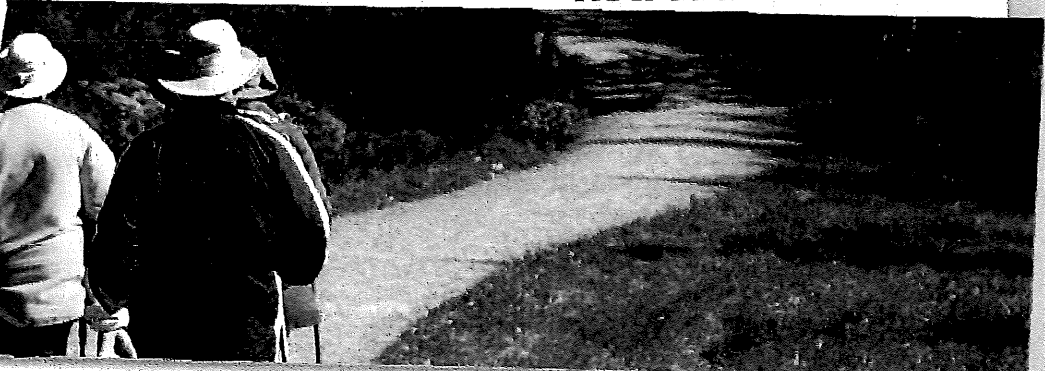
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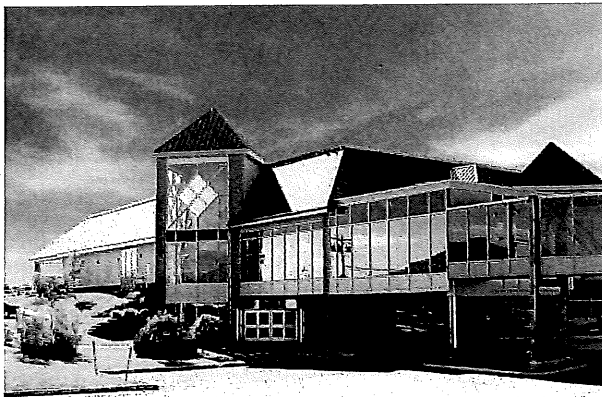
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2017 Recreation Nova Scotia Conference

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The 2017 Recreation Nova Scotia Conference will take place
September 27th to 29th at the
Membertou Trade & Convention Centre!



Holistic Recreation: Planting Seeds, Growing Together

Community Recreation Guide



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HOLISTIC RECREATION
Planting Seeds, Growing Together



Conference Schedule (Please Note: Times Are Subject to Change Throughout the Planning Process)

Pre-Conference – Tuesday, September 26th

7pm – 9pm – Welcome reception, MTCC Corner Office

Day 1 – Wednesday, September 27th

Breakfast on your own

8am – 3:15pm – Registration in the 2nd floor foyer of the MTCC (under the dream catcher)

9am – Conference opens

9am – Auction opens on the 2nd floor of the MTCC

9:45am – Nutrition Break

10am – 11am – Welcome, Opening Remarks, Daily Announcements, Keynote Speaker

12pm – 1pm – Lunch, Good News Stories

1:15pm – 2:45pm – Breakout #1

Stream 1 (Holistic Recreation themed)

Stream 2 (Planting Seeds themed)

Stream 3 (Growing Together themed)

Stream 4 (Research)

2:45pm – 3:15pm – Nutrition Break

3:15pm – 4:30pm – Breakout #2

3:15pm – Auction closes for the day

4:30pm – 5:30pm – Wellness: Self-Directed Recreation

6pm – 7:00pm – Dinner

8:30pm – 11pm – Regional Games

Day 2 – Thursday, September 28th

Breakfast on your own

8am – 4pm – Registration in the 2nd floor foyer of the MTCC

10:30am – Auction opens on the 2nd floor of the MTCC

9am – 10am – Plenary & Daily Announcements

10am – 10:30am – Good News Story

10:30am – 11am – Nutrition Break

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Add widgets to this sidebar in the [Widgets panel](#) under Appearance in the WordPress Admin.

11:00am – 12:15pm – Breakout #3

12:15pm – 1:15pm – Lunch

1:30pm – 2:45pm – Breakout #4

2:45pm – 3:15pm – Nutrition Break

3:15pm – Auction closes for the day

3:30pm – 4:30pm – Grant Potter Memorial Hockey Game – Membertou Sport & Wellness Centre

5:30pm – 6:30pm –Networking Social

6:30pm – Dinner and Awards Banquet

9 pm -Bonfire behind the Heritage park

Day 3 – Friday, September 29th

8:00am – Auction Items pick up – 2nd floor MTCC

8 am – 9am – AGM Registration

9:30am – 12:00pm -Breakfast Buffet- Main Hall, MTCC

-Recreation NS AGM

-Speaker TBA

-Conference Closing

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