

**SCHEDULE "B"**



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

**OF THE COUNTY OF RICHMOND** **MUNICIPALITY TRAVEL**

**EXPENSE CLAIM**

<b>Name of Claimant:</b>	Chris Boudreau
<b>Destination:</b>	Port Hawkesbury Civic Centre
<b>Purpose of Travel:</b>	Asset Management Workshop
<b>Departure Date/Time:</b>	November 30, 2017 - 8:00 AM
<b>Return Date/Time:</b>	November 30, 2017 - 4:30 PM
<b>Approval to Travel</b>	<i>Wain Dignart</i> Date: <i>November 17/17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	88	0	0	0	0	\$ 37.74 0.00
Accommodation: Direct Bill Hotel Name: <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>						\$ 37.74 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 CB N/A

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

Claimant Signature:	<i>Chris Boudreau</i>
Date:	<i>Dec 4, 2017</i>
Travel Approved by Supervisor:	<i>Wain Dignart</i>
GL Code:	<i>10-242-3070-242110</i>

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

**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>	Kemptown Material Recycling Facility - 188 Mingo Rd.
<b>Purpose of Travel:</b>	Nova Scotia Solid Waste Directors and Managers Meeting (NSSWMD)
<b>Departure Date/Time:</b>	November 20, 2017 - 7:30 AM
<b>Return Date/Time:</b>	November 20, 2017 - 3:00 PM
<b>Approval to Travel</b>	<i>Chris Boudreau</i> Date: <i>November 15, 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Mileage: # of Km</b>	398	0	0	0	0	\$ 170.70
<b>Accommodation: Direct Bill</b>						
<b>Hotel Name:</b>						
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20	0					0.00
Lunch \$25	0					0.00
Dinner \$30	0					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>						\$ 170.70

**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>Nov 21, 2017</i>
Travel Approved by Supervisor:	<i>Chris Boudreau</i>
GL Code:	

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



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

NAME: Chris Boudreau

PERIOD COVERED: October 1, 2017 to October 31, 2017

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
04-Oct-17	Travel to Janvrins Island for inspection for on-site septic system.	30	
12-Oct-17	Travel to Louisdale for WTP Construction and Landry Lane Sewer Construction Inspections.	39	
16-Oct-17	Detour to Arena to scope dressing room repairs with contractor.	10	
17-Oct-17	Travel to Arena for WTP Meeting	34	
24-Oct-17	Travel to St. Peter's for meeting regarding French Cove Water Extension.	74	
30-Oct-17	Travel to Janvrins Island for final inspection of on-site septic system.	20	

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

Totals: 207.00 \$0.00  
 Rate: \$0.4289  
 Total Mileage (\$): \$88.78  
 Total Expenses Claimed: \$88.78

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

SCHEDULE "B"



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

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

Name of Claimant:	Ronalda Boudreau
Destination:	Truro, NS
Purpose of Travel:	Introduction to Municipal Government Confrence
Departure Date/Time:	Nov. 30/17 - 1:00pm
Return Date/Time:	Dec.1/17 - 6:00pm

Approval to Travel Date: Dec.4/17

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): <span style="float: right;">436.00</span>	216.00	220.00				436.00
Total Cost of Mileage: <span style="float: right;">\$187.00</span>	\$92.64	\$94.36	\$0.00	\$0.00	\$0.00	\$187.00
Accomodation/Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20		\$20.00				\$20.00
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
<b>Total Amount Being Claimed</b>	<b>\$132.64</b>	<b>\$114.36</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$247.00</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 RB N/A \_\_\_\_\_

**All claims are to be submitted not later than 60 days after return.**

Claimant Signature: Ronalda Boudreau

Date Submitted: Dec. 4/17

Travel Approved by Supervisor: [Signature]

GL Code: 10270 4120 270 200

Goods Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....		<u>A</u>
Add. & Ext. Checked.....		<u>A</u>
Approval for Payment.....		<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10270 4120 270 200</u>		

HSR 3





# Holiday Inn

12-04-17

<b>Municipality of Richmond</b> 2357 Hwy 206, PO Box 120 Arichat NS B0E 1A0 Canada	Folio No. : 140057 A/R Number : 85 Group Code : Company : Municipality of Richmond Membership No. : Invoice No. : 12268	Room No. : 123 Arrival : 11-30-17 Departure : 12-01-17 Conf. No. : 66265930 Rate Code : IP2JJ Page No. : 1 of 1
Boudreau, Ronalda		

Date	Description	Charges	Credits
11-30-17	*Accommodation	100.00	
11-30-17	HST Tax	15.00	
<b>Total</b>		<b>115.00</b>	<b>0.00</b>
<b>Balance</b>		<b>115.00</b>	

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

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

Goods Rec'd. Date	Dec 4/17	Initial	MM
Prices Checked			A
Add. & Ext. Checked			A
Approval for Payment			A
Discount Date			
Paid by Cheque No.			
Distribution: Acc't. No.	10 270 4120	270300	

HST 3

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Yvonne Boudreau	
<b>Destination:</b>	Halifax Library, Halifax, NS	
<b>Purpose of Travel:</b>	Office of Information & Privacy Training Course	
<b>Departure Date/Time:</b>	Tuesday, November 28 2017 - 12 noon <i>YB</i>	
<b>Return Date/Time:</b>	Wednesday, November 29, 2017 - 7 PM	
<b>Approval to Travel</b>	<i>attached</i>	<b>Date:</b>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b>	638.00	319.00	319.00			638.00
<b>Total Cost of Mileage:</b>	\$273.64	\$136.82	\$136.82	\$0.00	\$0.00	\$273.64
<b>Accommodation/Hotel Name</b>	No Hotel					
<i>(Indicate if Direct Bill or Provide Receipt)</i>	40.00					\$40.00
<b>Meals:</b> Breakfast \$20		\$20.00				\$20.00
Lunch \$25		\$25.00				\$25.00
Dinner \$30	\$30.00	\$30.00				\$60.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						10.00 <i>YB</i>
Taxi/Parking/Tolls (Receipts Required)		\$10.00				\$10.00
<b>Total Amount Being Claimed</b>	\$206.82	\$221.82	\$0.00	\$0.00	\$0.00	438.64 <i>YB</i>

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

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

attendance threshold has been met

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

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<b>All claims are to be submitted not later than 60 days after return.</b>	
Claimant Signature:	<i>Yvonne Boudreau</i>
Date Submitted:	<i>Nov 30 / 17</i>
Travel Approved by Supervisor:	<i>Marie Digeant</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10.2.1.2</i>	<i>2.1.2.0</i>	<i>2.1.2.1</i>

"Pre-Approval"

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM Rate \$0.4289

Name of Claimant: Yvonne Boudreau
Destination: Halifax
Purpose of Travel: Office of Information & Privacy Training Course
Departure Date/Time: Tuesday, November 28, 2017 - 12 noon
Return Date/Time: Wednesday, November 29, 2017 - 7 pm

Approval to Travel [Signature] Date: Nov 2, 17

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, 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 \_\_\_\_\_ N/A \_\_\_\_\_

All claims are to be submitted not later than 60 days after return.
Claimant Signature:
Date Submitted:
Travel Approved by Supervisor:
GL Code:

**From:** Information Privacy Commissioner for Nova Scotia  
**Sent:** Thursday, November 09, 2017 2:16 PM  
**Subject:** Chief Privacy Officer Training - Important Details

Good afternoon,

You are receiving this email because you have registered to attend the Chief Privacy Officer Training session in Halifax on November 29<sup>th</sup>. Please review the important details below.

**Location and Time (Changed):**

Due to a high level of interest in this training session, we have moved the location so that we can accommodate a larger group. This also requires a slight adjustment to the time.

Location: Halifax Central Library  
5440 Spring Garden Road  
Room: Creative Lab – 2<sup>nd</sup> Floor

Time: 9:15 a.m. to 2:30 p.m.

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**Transactions****Account Details****▲ Pending**

Pending transactions are authorized transactions that have not yet been posted to your account.

**Nov 29, 2017****INDIGO - HALIFAX CENTR****\$10.00****ULTRAMAR #2511****\$52.24****ESSO 282 PICTOU ROAD****\$11.00****Nov 28, 2017****LA GOELETTE A PEPE CAF****\$52.00**

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SCHEDULE "B"



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

**TRAVEL EXPENSE CLAIM** Rate \$0.4289

<b>Name of Claimant:</b>	Kristina Kean
<b>Destination:</b>	Truro, NS
<b>Purpose of Travel:</b>	Introduction to Municipal Government Confrence
<b>Departure Date/Time:</b>	Nov. 30/17 - 1:00pm
<b>Return Date/Time:</b>	Dec.1/17 - 5:50pm
<b>Approval to Travel</b> <i>Jason Martell (See attached)</i> <span style="float: right;">Date: <u>Dec.4/17</u></span>	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 422.00	211.00	211.00				422.00
<b>Total Cost of Mileage:</b> \$181.00	\$90.50	\$90.50	\$0.00	\$0.00	\$0.00	\$181.00
<b>Accommodation/Hotel Name:</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
<b>Meals:</b> Breakfast \$20		\$20.00				\$20.00
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
<b>Total Amount Being Claimed</b>	\$130.50	\$110.50	\$0.00	\$0.00	\$0.00	<b>\$241.00</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 *JK* N/A \_\_\_\_\_

*Agenda Attached*

All claims are to be submitted not later than 60 days after return.

Claimant Signature: *Kristina Kean*

Date Submitted: *Dec. 4/17*

Travel Approved by Supervisor: *Jason Martell*

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>102122120 212130</i>	

SCHEDULE "B"



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

*Pre-approval*

**TRAVEL EXPENSE CLAIM** Rate \$0.4289

<b>Name of Claimant:</b>	KRISTINA KEAN
<b>Destination:</b>	TRURO, NS
<b>Purpose of Travel:</b>	INTRODUCTION TO MUNICIPAL GOVERNMENT CONFERENCE
<b>Departure Date/Time:</b>	NOV. 30/17 - 1PM
<b>Return Date/Time:</b>	DEC. 1/17 - 5:50PM

Approval to Travel *[Signature]* Date: *Nov 29<sup>th</sup> 2017.*

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
<b>Total Amount Being Claimed</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</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: \_\_\_\_\_



# Holiday Inn

12-04-17

<b>Municipality of Richmond</b> <b>2357 Hwy 206, PO Box 120</b> <b>Arichat NS B0E 1A0</b> <b>Canada</b>  Kean, Kristina	Folio No. :	140065	Room No. :	119
	A/R Number :	85	Arrival :	11-30-17
	Group Code :		Departure :	12-01-17
	Company :	Municipality of Richmond	Conf. No. :	66263662
	Membership No. :		Rate Code :	IP2JJ
	Invoice No. :	12269	Page No. :	1 of 1

Date	Description	Charges	Credits
11-30-17	*Accommodation	100.00	
11-30-17	HST Tax	15.00	
<b>Total</b>		<b>115.00</b>	<b>0.00</b>
<b>Balance</b>		<b>115.00</b>	

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

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

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











MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Membertou Convention Center
Purpose of Travel:	Atlantic Cannabis Forum
Departure Date/Time:	Nov 1-2017 - 1:00 PM
Return Date/Time:	Nov 1-2017 - 8:00 PM
Approval to Travel	<i>Romain Digeant</i> Date: <i>Nov 1/17</i>

Description	Day 1						Total
Mileage: # of Km 216 KM	\$ 92.64						\$ 92.64
Accommodation: Hotel Name: <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)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 122.64						\$ 122.64

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

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

Claimant Signature: Brian Marchand

Date: Nov 6-2017

Travel Approved by Supervisor: Romain Digeant

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

Goods Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....		<u>A</u>
Add. & Ext. Checked.....		<u>A</u>
Approval for Payment.....		<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 210 2100 2101</u>		<u>10</u>

HST 3



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

MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Membertou Convention Center
Purpose of Travel:	Atlantic Cannabis Forum
Departure Date/Time:	Nov 2-2017 - 6:45 AM
Return Date/Time:	Nov 2-2017 - 6:40 PM
Approval to Travel	<i>Kevin Piquet</i> Date: <i>Oct 30-2017</i>

Description	Day 1						Total
Mileage: # of Km 216 KM	\$ 92.64						\$ 92.64
Accommodation: Hotel Name: <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)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 122.64						\$ 122.64

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: *Brian Marchand*

Date: *Nov 6-2017*

Travel Approved by Supervisor: *Kevin Piquet*

GL Code:

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2100 21011</i>		<i>0</i>

*ABO 3*





MUNICIPALITY OF THE COUNTY OF RICHMOND  
 TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Eskasoni
Purpose of Travel:	CEPI Senior Council Meeting
Departure Date/Time:	Nov 14-2017 - 8:00 AM
Return Date/Time:	Nov 14-2017 - 5:00 PM
Approval to Travel	<i>Hein D. Gout</i> Date: <i>Nov 9-17</i>

Description	Nov-14					Total
Mileage: # of Km 217 KM	\$ 93.07					\$ 93.07
Accommodation: Hotel Name: Eskasoni Band Chambers <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	\$ 93.07	\$ -	\$ -	\$ -	\$ -	\$ 93.07

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>Nov 14/2017</i>
Travel Approved by Supervisor:	<i>Hein D. Gout</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2100 210110</i>	



Bras d'Or Lakes Collaborative Environmental Planning  
Initiative

**Senior Council Meeting**

10:00 am – 3:00 pm, November 14<sup>th</sup>, 2017

Eugene Denny Memorial Boardroom,  
Eskasoni, NS.

Welcome – Senator Dan Christmas, CEPI Chairperson

Opening Prayer – Dr. Albert Marshall, CEPI Elder Advisor

Mi'kmaq Honor Song – Stoney Bear Singers

Introductions – Dan Christmas, CEPI Chairperson

Review of the Agenda and Minutes of Last Meeting – Dan Christmas

Presentation on CEPI Terms of Reference Committee – Dan Christmas

Presentation on proposed Forestry Task Team – Waddie Long

*~ Lunch ~*

Presentation – GIS Database – Stan Johnson and Jodi McDavid

Presentation of 2016-17 Annual Report - Stan Johnson, CEPI Coordinator

Presentation of 2017-18 Midyear Report & 2017-18 Financial Update  
– Stan Johnson, CEPI Coordinator & Annie E. Johnson

Presentation of 2018-19 Notional Work Plan & 2018-19 Notional Budget  
– Stan Johnson, CEPI Coordinator & Annie E. Johnson

Roundtable and Closing Remarks – Dan Christmas, CEPI Chairperson

Closing Prayer – Dr. Albert Marshall, CEPI Elder Advisor

**Cape Breton Partnership**  
 285 Alexandra Street  
 Sydney, Nova Scotia B1S 2E8

**INVOICE**

Invoice No.: 2380  
 Date: 11/02/2017  
 Ship Date:  
 Page: 1  
 Re: Order No.

**Sold to:**  
 Municipality of the County of Richmond  
 2357 Highway 206  
 P.O. Box 120  
 Arichat, Nova Scotia BOE 1A0

**Ship to:**  
 Municipality of the County of Richmond  
 2357 Highway 206  
 P.O. Box 120  
 Arichat, Nova Scotia BOE 1A0

Business No.: 86207 8979 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			Atlantic Cannabis Forum - Registration Brian Marchand	H		250.00
			Atlantic Cannabis Forum - Registration Louis Digout	H		250.00
			Atlantic Cannabis Forum - Registration Alvin Martell	H		250.00
			Atlantic Cannabis Forum - Registration Jason MacLean (Wednesday Only)	H		60.00
			H - HST 15% HST			121.50
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Goods Rec'd. Date: <u>Nov 17 17</u> Initial: <u>MM</u>            Prices Checked: <u>0</u>            Add. &amp; Ext. Checked: <u>0</u>            Approval for Payment: <u>0</u>            Discount Date: _____            Paid by Cheque No. <u>10 212 2120 212130</u>            Distribution: Acc't. No. <u>10 210 2110 210130</u>  <u>10 210 2100 210110</u> </div> <div style="margin-left: 20px;">           HST 3            287.50            356.50            287.50         </div>						
Shipped By: _____ Tracking Number: _____					<b>Total Amount</b>	
Comment: Invoice Amount is Due Upon Receipt					931.50	
Sold By: _____						





**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Alvin Martell	
<b>Destination:</b>	Port Hawkesbury Civiv Center	
<b>Purpose of Travel:</b>	One Cape Breton Future Forward Leaders Summit	
<b>Departure Date/Time:</b>	8 A.M. Thursday November 23,2017	
<b>Return Date/Time:</b>	9 P.M. Thursday November 23,2017	
<b>Approval to Travel</b>	<i>Kevin Hignett</i>	<b>Date:</b> <i>Nov 21, 17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b>	<b>76.00</b>	76.00				76.00
<b>Total Cost of Mileage:</b>	<b>\$32.60</b>	\$32.60	\$0.00	\$0.00	\$0.00	\$32.60
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
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>\$32.60</b>	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$32.60</b>

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

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

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: *NOV 27, 2017*

Travel Approved by Supervisor: *Kevin Hignett*

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

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

*HSF 3*

**SCHEDULE "B"**



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

**TRAVEL EXPENSE CLAIM**

Rate **\$0.4289**

<b>Name of Claimant:</b>	Alvin Martell
<b>Destination:</b>	Port Hawkesbury N.S. Civic Center
<b>Purpose of Travel:</b>	Strait Area Chamber Award 's Dinner
<b>Departure Date/Time:</b>	November 15,2017 @ 5:30 P.M.
<b>Return Date/Time:</b>	November 15,2017 @ 9:30 P.M.
<b>Approval to Travel</b>	<i>Alvin Martell Request</i> Date: <i>Nov 15 - 2017</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 76.00	76.00					76.00
<b>Total Cost of Mileage:</b> \$32.60	\$32.60	\$0.00	\$0.00	\$0.00	\$0.00	\$32.60
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
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>	\$32.60	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$32.60</b>

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

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

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: *Nov 26, 2017*

Travel Approved by Supervisor: *Brian Marchand*

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>Nov 27/17</i>	<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2110 210130</i>	

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Alvin Martell	
<b>Destination:</b>	Memberto Convetion Sydney N.S.	
<b>Purpose of Travel:</b>	Atlantic Cannabis Forum	
<b>Departure Date/Time:</b>	November 2nd, 2017 @ 8 A.M.	
<b>Return Date/Time:</b>	November 2nd .2017 @ 5:30 P.M.	
<b>Approval to Travel</b>	<i>Kevin Dignell</i>	<b>Date:</b> Oct 10 - 17

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 232.00	232.00					232.00
<b>Total Cost of Mileage:</b> \$99.50	\$99.50	\$0.00	\$0.00	\$0.00	\$0.00	\$99.50
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
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>	\$99.50	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$99.50</b>

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

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

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

This claim is an amended copy Re: An email from Warden Marchand advising that this claim should have been on separate claims forms. Please find attached a copy of Warden Marchand's Email.

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

Claimant Signature: *Alvin Martell*

Date: DEC. 4, 2017

Travel Approved by Supervisor: *Kevin Dignell*

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

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>210 2110 210130</u>		

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**SCHEDULE "B"**



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

**TRAVEL EXPENSE CLAIM**

Rate **\$0.4289**

<b>Name of Claimant:</b>	Alvin Martell
<b>Destination:</b>	Memberto Convetion Sydney N.S.
<b>Purpose of Travel:</b>	Atlantic Cannabis Forum
<b>Departure Date/Time:</b>	November 1st. 2017 @ 1:00 P.M.
<b>Return Date/Time:</b>	November 1st .2017 @ 5:30 P.M.
<b>Approval to Travel</b>	<i>Alvin Martell</i> Date: <i>10.10.17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 232.00	232.00					232.00
<b>Total Cost of Mileage:</b> \$99.50	\$99.50	\$0.00	\$0.00	\$0.00	\$0.00	\$99.50
<b>Accommodation/Hotel Name:</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
<b>Meals:</b> 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>	\$99.50	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$99.50</b>

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

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

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

This claim is an amended copy Re:An email from Warden Marchand advising that this claim should have been on separate claims forms . Please find attached a copy of Warden Marchand's Email.

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

Claimant Signature: *Alvin Martell*

Date: *DEC. 4, 2017*

Travel Approved by Supervisor: *Alvin Martell*

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

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2110 210130</i>	

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3*

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Alvin Martell	
<b>Destination:</b>	Halifax	
<b>Purpose of Travel:</b>	UNSM Conference	
<b>Departure Date/Time:</b>	Tuesday Nov.7,2017 @ 11 A.M.	
<b>Return Date/Time:</b>	Friday Nov. 10,2017 @ 1 P.M.	
<b>Approval to Travel</b>	<i>Kevin Dignall</i>	<b>Date:</b> <i>Sept 5. 17</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> <b>624.00</b>	312.00			312.00		624.00
<b>Total Cost of Mileage:</b> <b>\$267.63</b>	\$133.82	\$0.00	\$0.00	\$133.82	\$0.00	\$267.63
<b>Accommodation/Hotel Name:</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
<b>Meals:</b> Breakfast    \$20		\$20.00	\$20.00	\$20.00		\$60.00
Lunch        \$25	\$25.00			\$25.00		\$50.00
Dinner      \$30	\$30.00	\$30.00				\$60.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00	\$10.00	\$10.00			\$30.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$198.82</b>	<b>\$60.00</b>	<b>\$30.00</b>	<b>\$178.82</b>	<b>\$0.00</b>	<b>\$467.63</b>

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

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

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

Note : This claim is an ammended copy re : an Email from Warden Marchand advising of wrong dates It read Oct. Instead of Nov.

Please find attched a copy of Warden Marchand 's email

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

Claimant Signature: *Alvin Martell*

Date: DEC. 4, 2017

Travel Approved by Supervisor: *Kevin Dignall*

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

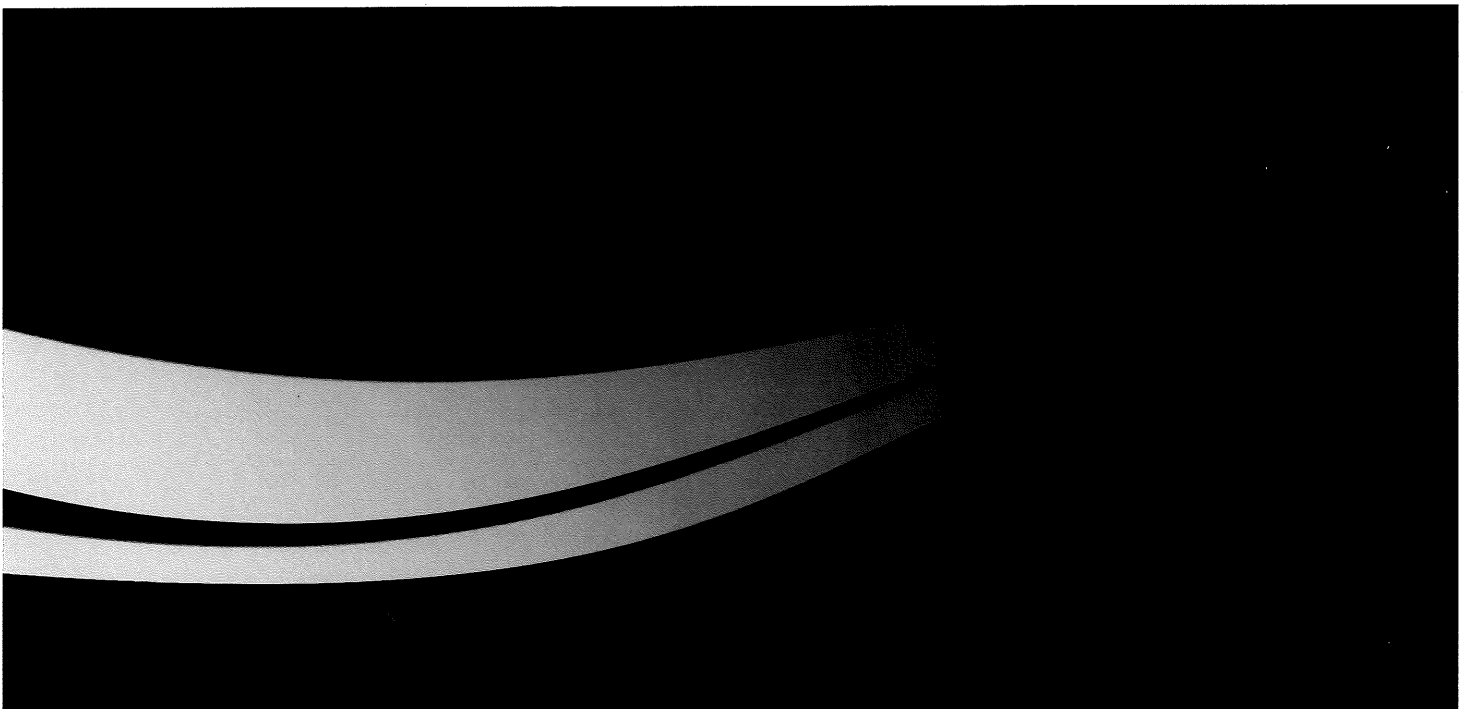
Goods Rec'd. Date.....	Initial.....	<i>AM</i>
Prices Checked.....		<i>AM</i>
Add. & Ext. Checked.....		<i>AM</i>
Approval for Payment.....		<i>AM</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....		<i>10 210 2110 210130</i>



# UNSM 2017 Fall Convention

## Conference Program Outline

November 7<sup>th</sup> - 10<sup>th</sup> - Westin Nova Scotian Hotel, Halifax, NS



## TUESDAY, NOVEMBER 7<sup>th</sup>

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2:00 p.m. – 8:00 p.m. - Registration

7:00 p.m. – 8:30 p.m. – Meet & Greet Reception

## WEDNESDAY, NOVEMBER 8<sup>th</sup>

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8:00 a.m. – 9:15 a.m. - Opening

- Remarks by Chair of the Conference Planning Committee – Councillor Geoff Stewart, County of Colchester
- Remarks by Premier McNeil (TBC)
- Greetings from Halifax Regional Municipality
- Greetings from AMANS President Marie Walsh
- Remarks by UNSM President Deputy Mayor Laurie Murley, Town of Windsor
- Presentation of Climate Change Award and Carbon Offset Winner
- Presentation of UNSM Long Service Awards

**9:15 a.m. – 10:15 a.m. – Keynote Address: How Council Can Manage Expectations & Successfully Communicate their Strategic Decisions to the Public – Ms. Christina Benty, Leadership Solutions** - As an elected official, one of your greatest challenges is explaining the facts (also known as the “hard truth”) to your residents to demonstrate that you are taking every possible step to control expenditures and budget efficiently to ensure quality service delivery within your municipality. However, research demonstrates that general public remains largely unaware of the cost implications of maintaining services and renewing existing infrastructure. Citizens cannot afford to call for a reduction in taxes and an increase in services because local governments cannot afford to do either.

Effective and meaningful communication is only possible when the limits and challenges of local government are

rightly understood in the context of the broader government system. Communication with residents will build a better understanding of both service delivery realities and the inter-organizational pressures that accompany them. In this session, Christina Benty will provide an overview of how to manage public expectations and how to engage and inform citizens so that the complex issues faced by local governments can be addressed in a collaborative manner.

Christina Benty, MA, is a former mayor who uses her superpower to turn any conversation into one about asset management (and she still has friends). She is the owner of Strategic Leadership Solutions, a consulting firm designed to assist teams in building a culture of excellence in leadership and governance



10:15 a.m. – 10:45 a.m. - Break/Viewing of Exhibits  
Sponsored by



**10:45 a.m. – 11:45 a.m. - Concurrent Sessions:**  
(Attend 1 of 2)

**The Role of Council in Asset**

**Management Planning** – Ms. Christina Benty, *Strategic Leadership Solutions* - Local infrastructure provides the foundation for the health, well-being, and economic prosperity of communities across the country. Dependable core services, such as water, sewer, transportation networks, fire halls, recreation amenities, and more, make up the built environment and exist to provide services that residents rely on every day. In this dynamic session, you will hear the important role your council can play in managing public assets. Christina Benty, a former mayor and councillor, will explain why adopting sound asset management practices for your municipality is essential to sustainable and fiscally-responsible service delivery. She will outline the role council can play to support robust infrastructure practices and offer best practices that will position you to champion sound infrastructure management practices within your municipality. Christina will also provide useful tips to help you facilitate the public's understanding of the importance of proactively managing municipal assets.

**Nature Conservancy of Canada's Freshwater Conservation Blueprint Project** – Mr. William Millar, Aquatic Conservation Planner, Nature Conservancy of Canada - The Nature Conservancy of Canada is currently developing a regional freshwater classification system and conservation blueprint. This multi-year project will classify river and stream types and assess threats to watershed health within the

Maritime Provinces. The conservation blueprint will identify priority watersheds for conservation and/or restoration that can best protect and/or restore critical ecosystem services. Conservation of natural ecosystems can be a cost-effective tool for municipal planners and managers to mitigate the impacts of climate change (e.g. erosion, flooding damage).

**11:55 a.m. – 12:55 p.m. - Delegates' Luncheon**

Kindly sponsored by:



**1:00 p.m. – 1:45 p.m. - Annual General Meeting**

- Audited Financial Statements/Motion re Dues
- Election of President & Vice-President

**1:45 p.m. – 3:00 p.m. – Caucus Meetings & Elections**

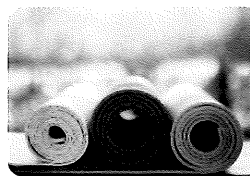
**3:00 p.m. – 3:30 p.m. - Break/Viewing of Exhibits**  
Sponsored by



**3:30 p.m. – 4:15 p.m. –Caucus Meetings & Elections continued**

**4:45 p.m. – Optional Activities –you must pre-register:**

1) **Yoga – 4:45 p.m. – 5:30 p.m.** –Let yoga instructor Barbie Leggett lead you through 45



minutes of relaxation after your busy day of municipal sessions. Cost: \$5 + HST. **Limited to the first 12 registrants** and you must bring your own mat.

2) **Tour of Halifax City Hall - 4:45 p.m. – 5:45 p.m.** Halifax would love to host you at the City Hall – see this national historic building that is in the middle of a multi-year renovation that retains its character, extends its life, and provides state of the art systems and technology to support the municipal government. **NOW FULL—NEW PARTICIPANTS ON A WAITING LIST**

**Dinner on your own**

## THURSDAY, November 9<sup>th</sup>

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**8:00 a.m. – 9:00 a.m. – Municipal Success Stories –** always a favorite with the delegates. Come and learn how your fellow municipalities are sharing services for the betterment of the community:

### **Halifax Mobile Food Market**



The Mobile Food Market is a unique partnership between the Halifax Regional Municipality, Nova Scotia Health Authority, Ecology Action Centre, community partners, private businesses, and funders aimed at improving access to healthy and affordable fruits and vegetables in communities with limited access. This session will provide a unique opportunity to learn about how municipalities can help improve access to healthy food, create community gathering places, and mobilize community leadership. The approach Halifax has taken in supporting the Mobile Food Market could be easily replicated in other municipalities throughout Nova Scotia.

### **Municipal Joint Services Board – Lunenburg Region**

The Municipal Joint Services Board, Lunenburg Region was created in 2013. On behalf of the Municipality of the District of Lunenburg, the Town of Bridgewater and the Town of Mahone Bay, the Municipal Joint Services Board (the “MJSB”) was created to administer common municipal services under a cost sharing arrangement to better serve the residents of the municipalities. Currently, the Board has two shared services initiatives: Solid Waste and IT shared services.

This presentation will provide a quick overview on the MJSB Shared Services framework and major progress to-date. It will also highlight areas for shared services initiatives that may be beneficial to many small to medium size units. The Shared Services initiative is not limited to the local government context; it can branch out to other community and/or not-for-profit organizations, especially those with limited resources.

**9:00 a.m. – 9:30 a.m. – FCM Update -** The Federation of Canadian Municipalities represents all municipalities across the country and is critical in influencing federal policy and programs. This is your opportunity to hear the latest on FCM’s advocacy work.

**9:30 a.m. – 10:15 a.m. – UNSM Priorities/ Resolutions**

**10:15 a.m. – 10:45 a.m. – Break/Viewing of Exhibits**

**10:45 a.m. – 12:00 p.m. – UNSM Priorities/ Resolutions**

**12:00 p.m. – 1:00 p.m. – Delegates’ Luncheon**

**1:15 p.m. – 2:00 p.m. PVSC Update -** We’re confident in our services and product, and you should be too! Property assessment is an essential service provided to municipalities. Learn about how Property Valuation Services Corporation is making a difference for municipalities and property owners while adhering to quality and compliance standards and industry best-practices.

**2:00 p.m. – 3:00 p.m. - Rural Transportation in Nova Scotia & Its Links to Active Transportation -** Mr. Rene Frigault, Planning and Development Officer, Department of Municipal Affairs; Mr. Danny MacGillivray, Mayor, Town of Stellarton; and Chair of the Rural Transportation

Association Representative from UNSM's Active Transportation Committee - Public transportation in rural Nova Scotia allows residents to access essential local services and interact within their communities, thus enhancing their well-being and quality of life. In this session, you will learn about provincial funding programs that support community transit services in your municipality. You will also come to understand the role the *Rural Transportation Association* plays in promoting and enhancing these services across the province. Finally, you will hear how active transportation infrastructure plays an important role in supporting community transit services and helps make our municipalities more connected and accessible.

**3:00 p.m. – 3:30 p.m. – Break/Viewing of Exhibits**

**3:30 p.m. – 4:00 p.m. – Honourable Derek Mombourquette, Minister of Municipal Affairs, Province of NS**

**4:00 p.m. – 5:00 p.m. – Ministers' Panel**

**6:15 p.m. – Reception**

## **FRIDAY, November 10<sup>th</sup>**

**8:00 a.m. – 9:00 a.m. – Early Morning Clinic (TBA)**

**9:00 a.m. – 10:00 a.m. – Concurrent Workshops: (Attend 1 of 2)**

**The Sharing Economy and Local Government: Disruption Ahead** – Mr. Fred Morley, FM, Chief Economist, Tourism Nova Scotia - The sharing economy is just one of several technology-driven disruptors that are dramatically changing how people buy things, how people work, how people do business, and how government interfaces with all three. Sharing economy companies like Uber and Airbnb have become

**7:00 p.m. – 9:00 p.m. – Banquet**

Enjoy a spectacular meal prepared by the Westin's award-winning Chef!

Kindly Sponsored by:



**9:00 p.m. – 11:00 p.m. – Dance**



We are very pleased to have Bluesmobile performing.



the fastest growing tech companies in the world. Their success is based on their ability to give consumers exactly what they want, faster, cheaper, in greater variety, and in some cases, with higher quality than established firms. Disruptive technology is changing the world of local government in real time. Old rules have rapidly become irrelevant to sharing economy businesses and consumers. Suddenly governments used to regulating a handful of companies are being faced with thousands of micro-entrepreneurs and exponential increases in cost of enforcement. Local governments around the world have ended up on one of three paths.... they become enablers of

innovation and economic growth, they watch as change washes over their communities, or they become the primary defenders of the status quo. This presentation will explore what the sharing economy could mean for communities across Nova Scotia and review the good, the bad and the ugly of local government approaches to disruptive change.

### **Future of Agriculture**

Agriculture is the backbone of many of our communities, and there is a renewed optimism for the future. The Nova Scotia Department of Agriculture and the Nova Scotia Federation of Agriculture will share these new opportunities, their approaches to encouraging the industry, and how municipalities can support the agriculture industry.

### **10:10 a.m. – 11:10 a.m. - Rural High-Speed Internet**

Access to fast internet speeds in rural Nova Scotia is



problematic and inconsistent across the Nova Scotia. In today's world instant communication via Internet connectivity is essential to promote business development, tourism, and education. It is also an essential service required to attract and retain residents and businesses to rural communities. A number of municipalities are developing their own solutions for providing this service to their communities. Come hear how they are approaching the issue.

### **11:10 a.m. – Grand Prize Draw & Conclusion of Conference**

## **HOTEL INFORMATION** – The room blocks will be held until October 4<sup>th</sup>

**Westin Nova Scotian Hotel:** \$ 147 /night (traditional room one queen or two double beds) - Please use the link below to book your room at the Westin or call 1-888-627-8553 and indicate that you are part of the UNSM conference block. **All reservations must be secured with a credit card.**

### **CLICK HERE TO BOOK YOUR ROOM AT THE WESTIN**

*Westin Cancellation Policy for Guestroom Reservations is 15 days prior to the guests date of arrival. The penalty for not cancelling before this time is a charge of the first night's room and tax charged to the form of payment that the reservation is guaranteed by. No charges will be processed until the completion of the UNSM Event. If the cancelled guestrooms can be re-sold to another attendee the cancellation penalty will be waived. This policy has been put in place to provide maximum guestroom availability to all attendees.*

If you have specific billing needs (such as billing to your municipality) you need to contact Sarah MacInnes at [sarah.maclnnes@thewestinnovascotian.com](mailto:sarah.maclnnes@thewestinnovascotian.com)

**Four Points Sheraton:** \$ 129/night – 1-866-444-9494

# WESTIN®

HOTELS & RESORTS

Westin Nova Scotian  
 1181 Hollis Street  
 Halifax, NS B3H 2P6  
 Tel: 902 496-7425  
 Fax: 902 496-7978

Municipality Of Richmond  
 PO Box 120  
 2357 Main St, Hwy 206  
 Arichat, NS B0E 1A0  
 Canada  
 Attn: Boudreau Yvonne

Page Number 1  
 AR Account 7991  
 Invoice Number 60062  
 Invoice Date 11-10-2017

INVOICE

Tax ID - 899994933 RT0001

Date	Description	Charge	Credit	Balance
11/10/17	974929/Folio ***Martell, Alvin 313			
11/07/17	Room Charge	147.00		
11/07/17	HRM Levy 2.0%	2.94		
11/07/17	HST Tax - Room 15%	22.49		
11/08/17	Room Charge	147.00		
11/08/17	HRM Levy 2.0%	2.94		
11/08/17	HST Tax - Room 15%	22.49		
11/09/17	Room Charge	147.00		
11/09/17	HRM Levy 2.0%	2.94		
11/09/17	HST Tax - Room 15%	22.49		
11/10/17	Guest Self Parking	15.00		
11/10/17	HST Tax 15% Parking	2.25		
		534.54		534.54

11/10/17	974930/Folio ***MacLean, Jason 502			
11/08/17	Room Charge	147.00		
11/08/17	HRM Levy 2.0%	2.94		
11/08/17	HST Tax - Room 15%	22.49		
11/09/17	Room Charge	147.00		
11/09/17	HRM Levy 2.0%	2.94		
11/09/17	HST Tax - Room 15%	22.49		

*Nov 22 2017*

147000	Rec'd. Date.....	<i>Nov 22 2017</i>	Initial.....	<i>MA</i>
2194	Checked.....			0
2243	Ext. Checked.....			0
147000	Approval for Payment.....			0
	Discount Date.....			
2210	Paid By Cheque No.....	<i>10 210 2110 210130</i>		
34486	Disbution: Acc't. No.....			

344.86

Current                      Over 30                      Over 60                      Over 90

879.40

Balance  
 879.40

# Union of NS Municipalities

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

# INVOICE

Invoice No.: 5611  
Date: 11/20/2017  
Page: 1

**Sold to:**

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

**Ship to:**

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

Business No.: 108150616

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount															
			UNSM Conference Registration 2017																		
3			Jason MacLean Alvin Martell Brian Marchand	H	455.00	1,365.00															
3			Banquet Tickets	H	65.00	195.00															
3			Carbon Offset Fee		5.00	15.00															
			H - HST 15%																		
			HST			234.00															
<div data-bbox="511 1050 1177 1354" data-label="Form"> <p style="text-align: center;"><i>Nov 20 17</i></p> <table border="1"> <tr> <td>Goods Rec'd. Date: <i>Nov 20 17</i></td> <td>Initial: <i>MM</i></td> </tr> <tr> <td>Prices Checked.....</td> <td><i>0</i></td> </tr> <tr> <td>Inv. &amp; Ext. Checked.....</td> <td><i>0</i></td> </tr> <tr> <td>Approval for Payment.....</td> <td><i>0</i></td> </tr> <tr> <td>Disputant Date.....</td> <td></td> </tr> <tr> <td>Paid by Cheque No. <i>10 210 2110 210133</i></td> <td>\$ <i>1206.00</i></td> </tr> <tr> <td>Supplier's Acct. No. <i>10 210 2100 210110</i></td> <td>\$ <i>603.00</i></td> </tr> </table> <p style="text-align: right;">HST 3</p> </div>						Goods Rec'd. Date: <i>Nov 20 17</i>	Initial: <i>MM</i>	Prices Checked.....	<i>0</i>	Inv. & Ext. Checked.....	<i>0</i>	Approval for Payment.....	<i>0</i>	Disputant Date.....		Paid by Cheque No. <i>10 210 2110 210133</i>	\$ <i>1206.00</i>	Supplier's Acct. No. <i>10 210 2100 210110</i>	\$ <i>603.00</i>		
Goods Rec'd. Date: <i>Nov 20 17</i>	Initial: <i>MM</i>																				
Prices Checked.....	<i>0</i>																				
Inv. & Ext. Checked.....	<i>0</i>																				
Approval for Payment.....	<i>0</i>																				
Disputant Date.....																					
Paid by Cheque No. <i>10 210 2110 210133</i>	\$ <i>1206.00</i>																				
Supplier's Acct. No. <i>10 210 2100 210110</i>	\$ <i>603.00</i>																				
Union of NS Municipalities HST: #108150616																					
<b>Total Amount</b>						1,809.00															
<b>Comment:</b>																					



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

NAME: Carla Martell

PERIOD COVERED:

FROM: Oct 4, 2017 TO: October 16, 2017

DATE:	From - To	NOTE	MILEAGE (KM)	OTH EXP
October 4, 2017	Municipal Office to Richmond Arena	Deliver Float & Ipod	33.50	
October 12, 2017	17 Rocky Bay Rd to St. Peter's RCMP Detachment	Police Advisory Committee Meeting	73.00	
October 16, 2017	17 Rocky Bay Rd to St. Peter's Fire Hall	Fire Services Committee Meeting	71.00	

Totals: 177.50 \$0.00

Rate: \$0.4289

Total Mileage (\$): \$76.13

Total Expenses Claimed: **\$76.13**

ACCOUNT #:	10-242-3070-242110	CHEQUE #:	
SIGNATURE:	<i>Carla Martell</i>	AMOUNT:	
APPROVED:	<i>Chris Goodreau</i>	DATE PAID:	Oct 30 / 17
		INITIAL:	

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

HST 3

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM		Rate <b>\$0.4289</b>
Name of Claimant:	JASON MARTELL	
Destination:	HALIFAX, NS	
Purpose of Travel:	PROFESSIONAL DEVELOPMENT COURSE - CPA NS	
Departure Date/Time:	MONDAY, NOVEMBER 27TH, 2PM	
Return Date/Time:	TUESDAY, NOVEMBER 28TH, 9PM	
Approval to Travel	<i>See attached JK.</i> Date: _____	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): <b>637.60</b>	318.80	318.80				637.60
Total Cost of Mileage: <b>\$273.47</b>	\$136.73	\$136.73	\$0.00	\$0.00	\$0.00	\$273.47
Accommodation/Hotel Name: <i>PG.</i> <small>(Indicate <input checked="" type="checkbox"/> Direct Bill or Provide Receipt)</small>						\$0.00
Meals: Breakfast \$20		\$20.00				\$20.00
Lunch \$25		\$25.00				\$25.00
Dinner \$30		\$30.00				\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$10.00					\$10.00
Taxi/Parking/Tolls (Receipts Required) <i>Course Fee</i>	\$437.00					\$437.00
<b>Total Amount Being Claimed</b>	<b>\$583.73</b>	<b>\$211.73</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$795.47</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 JK N/A \_\_\_\_\_

*No agenda provided. Course binder provided, contained 8 modules of information. Course was on GST/HST issues for the non profit sector. (8:30am - 4:30pm) Course was downtown Halifax.*

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

Claimant Signature: *Jason Martell*

Date: *Nov 30 2017*

Travel Approved by Supervisor: *Heather Dignell*

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>10 212 2120 212130</i>

**SCHEDULE "B"**



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

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

<b>Name of Claimant:</b>	JASON MARTELL
<b>Destination:</b>	HALIFAX, NS
<b>Purpose of Travel:</b>	PROFESSIONAL DEVELOPMENT COURSE - CPA NS
<b>Departure Date/Time:</b>	MONDAY, NOVEMBER 27TH, 2PM
<b>Return Date/Time:</b>	TUESDAY, NOVEMBER 28TH, 9PM

**Approval to Travel** *Kevin Desjard* **Date:** *Nov 27-2017*

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

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

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

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

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

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

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

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

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



The Prince George Hotel  
HALIFAX

Municipalities of Nova Scotia

Wednesday, November 22, 2017

Canada

Dear Municipalities of Nova Scotia ,

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

Guest Name:	Mr. Jason Martell		
Registration:	November 27, 2017	Departure Date:	November 28, 2017 (1 Night)
Accommodations:	Deluxe King		
No. of Adults/Children:	1 / 0	Confirmation No.:	686384
Daily Room Rate:	\$125.00		
Total Including Tax:	\$146.63		

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



**CPA**

CHARTERED  
PROFESSIONAL  
ACCOUNTANTS  
NOVA SCOTIA

1871 Hollis Street, Suite 300  
Halifax, NS B3J 0C3  
P 902.425.7273  
F 902.407.2967  
W www.cpans.ca

**REGISTRATION CONFIRMATION**

Dear Jason

Thank you for your order.

The details of your order can be found below. Please retain this email for your records.

**Order Number: 13,972.00**

**Order Date: 11/23/2017**

Payment Type: VISA

**Bill To:**

Jason Martell  
4556 Highway 320  
PO Box 269  
Arichat, NS, B0E 1A0  
Canada

Item	Price	Qty	Total
GST/HST Issues For The Non-Profit Sector Full Day Regular Registration Fee When: 11/28/2017 - 11/28/2017	380.00	1.00	380.00
<b>HST</b>			57.00
<b>Total</b>			<u>437.00</u>

Thank you again for your support!  
HST (80953 5321 RT0001)

**Confirmation:** This is a confirmation of Registration only; some sessions could possibly be cancelled due to insufficient participant levels. If a session is cancelled or postponed, you will be advised via email two weeks prior when possible.

**Weather:** In case of severe weather conditions, an email will be sent to the registrant's preferred email on file by 7:00 am the morning of the session.

**Passports:** Passport registrants who do not show for a course will have the session counted towards their passport unless cancellation is received 5 full business days prior to course date. Please see passport details on the website or in the PD catalogue.

Please review all information above carefully, including dates and locations, and advise Kathie 902-425-7273 ext. 223 or email [kslaunwhite@cpans.ca](mailto:kslaunwhite@cpans.ca) of any concerns.

**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>	<b>Rate \$0.4289</b>
-----------------------------	----------------------

Name of Claimant:	Laurier Samson
Destination:	Community, Culture & Heritage Office, Sydney, NS
Purpose of Travel:	Connect NS meeting
Departure Date/Time:	Friday, October 27 - 8:00 am
Return Date/Time:	Friday, October 27 - 4:30 pm

Approval to Travel hauri Digeant Date: Oct 26.17

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

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

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

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

**All claims are to be submitted not later than 60 days after return.**

Claimant Signature: [Signature]

Date Submitted: 11/01/17

Travel Approved by Supervisor: hauri Digeant

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

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



**Connect meeting with Brendon Smithson...**

McKay, Wayne to: 'Anna Lee MacEachern', Ashley Eisan,  
cgillis@townofph.ca, 'Deano Morley',  
Denny, Levi , 'Donna MacDonald'  
Cc: "Smithson, Brendon M"

2017/10/19 05:13 PM

---

History: This message has been replied to.

Hello CB Connect team. Brendon Smithson is the Recreation Manager with our department and he is our provincial rep for Connect. He is planning to visit the regions to get some feedback from the regional teams about what our challenges and successes are with Connect. Brendon will be in the CB region next week for other meetings and we are hoping that we can bring the group together while he is down to have a discussion about CB Connect and how the provincial team can better support the regional work. I will send out an appointment following this message. We would like to meet on Friday, October 27th from 10-12.

This will also be an opportunity for us to meet to discuss other items we need to connect about including:

1. Our finances;
2. Follow up from our launch;
3. Data management;
4. Next steps.

Please let me know if you aren't available for this meeting. Thanks.

Wayne :)

Wayne McKay  
Cape Breton Regional Physical Activity Consultant  
(902) 563-3751 (Office)  
(902) 574-3227 (Cell)  
wayne.mckay@novascotia.ca



**SCHEDULE "B"**



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

<b>TRAVEL EXPENSE CLAIM</b>	<b>Rate \$0.4289</b>
-----------------------------	----------------------

<b>Name of Claimant:</b>	Laurier Samson
<b>Destination:</b>	Community, Culture & Heritage Office, Sydney, NS
<b>Purpose of Travel:</b>	Meeting with Larry Maxwell re: Facility Access Funding
<b>Departure Date/Time:</b>	Wednesday, November <del>20</del> - 8:00 am
<b>Return Date/Time:</b>	Wednesday, November <del>21</del> - 2:00 pm

Approval to Travel <i>Louis Diquart</i>	Date: <i>Nov 21 17</i>
---	------------------------

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 0.00						0.00
<b>Total Cost of Mileage:</b> \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
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>	\$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 \_\_\_\_\_

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



**RE: Facility Access (Municipality of Richmond County)**

Maxwell, Larry to: 'lmsamson@richmondcounty.ca'

2017/11/21 09:55 AM

Great. Safe travels Laurier.

Larry

Larry Maxwell  
Regional Manager – Cape Breton  
Communities, Sport and Recreation Division  
Communities, Culture and Heritage

902.563.2380 T  
902.563.2565 F

**From:** lmsamson@richmondcounty.ca [mailto:lmsamson@richmondcounty.ca]

**Sent:** Tuesday, November 21, 2017 8:42 AM

**To:** Maxwell, Larry <Larry.Maxwell@novascotia.ca>

**Subject:** RE: Facility Access (Municipality of Richmond County)

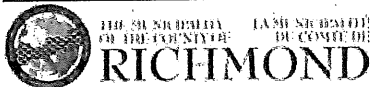
Ok, sounds good Larry. I'll be there tomorrow around 10:00 if that works.

Thanks!

Laurier

--

**Laurier Samson**  
Recreation Manager | Richmond County  
Tel. 902-226-3981 | Fax 902-226-0295  
[www.richmondcounty.ca](http://www.richmondcounty.ca)



From: "Maxwell, Larry" <Larry.Maxwell@novascotia.ca>  
To: "'lmsamson@richmondcounty.ca'" <lmsamson@richmondcounty.ca>  
Date: 2017/11/20 04:04 PM  
Subject: RE: Facility Access (Municipality of Richmond County)

Yes Laurier, Wednesday still works. I agree that separating them may be best.

Larry

**From:** [lmsamson@richmondcounty.ca](mailto:lmsamson@richmondcounty.ca) [<mailto:lmsamson@richmondcounty.ca>]

**Sent:** Monday, November 20, 2017 4:00 PM

**To:** Maxwell, Larry <[Larry.Maxwell@novascotia.ca](mailto:Larry.Maxwell@novascotia.ca)>

**Subject:** RE: Facility Access (Municipality of Richmond County)

Hey Larry,

I had initially thought of having those meetings on the same day to only have to travel once, but the more I think about it, I believe we should leave those two subjects for separate meetings. I also don't want to push aside Facility Access until then. So maybe I'll drive and meet you at your office this week (maybe Wednesday). Please let me know if that still works for you and we can confirm tomorrow.

Thanks!

Laurier

--

**Laurier Samson**

Recreation Manager | Richmond County

Tel. 902-226-3981 | Fax 902-226-0295

[www.richmondcounty.ca](http://www.richmondcounty.ca)



**From:** "Maxwell, Larry" <[Larry.Maxwell@novascotia.ca](mailto:Larry.Maxwell@novascotia.ca)>

**To:** ""lmsamson@richmondcounty.ca"" <[lmsamson@richmondcounty.ca](mailto:lmsamson@richmondcounty.ca)>

**Cc:** "McKay, Wayne" <[Wayne.McKay@novascotia.ca](mailto:Wayne.McKay@novascotia.ca)>

**Date:** 2017/11/20 03:53 PM

**Subject:** RE: Facility Access (Municipality of Richmond County)

Hi Laurier

It has not. I know on our end either Wayne or I (or both) are unavailable this week and next if you were wanting to combine both MPAL and FA on same days.

Both Wayne and I are available on Dec 5,6 and 8<sup>th</sup> if that works.