


Re: Mileage 
Gilbert Boucher to: Yvonne Boudreau

29/01/2018 08:19 PM

Yvonne I'm only claiming mileage from Jan. 2018- Jan 02 Jan 08 Jan 22. thanks .

GILBERT

Councillor Gilbert Boucher
Municipality of the County of Richmond
2357 Main Street
P.O. Box 120
Arichat, NS B0E 1A0
Tel: (902) 535-2594 Fax: (902) 535-3985
gboucher@richmondcounty.ca

SCHEDULE "B"



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

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

Name of Claimant:	Chris Boudreau
Destination:	Keltic Quay, Whycomagh
Purpose of Travel:	CBREN Broadband Committee Meeting
Departure Date/Time:	January 25, 2018 - 8:30 AM
Return Date/Time:	January 25, 2018 - 2:00 PM
Approval to Travel	<i>[Signature]</i> Date: Jan 25/18

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	160	0	0	0	0	68.62
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
Total Amount Being Claimed						68.62

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:	Jan 25/18
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	10.242.3070/242110

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

CBREN Broadband Committee Meeting

January 25, 2018

Keltic Quay, Whycomagh, NS 10 am – 12 pm



AGENDA

1. Welcome & Introductions: Carla Arsenault
2. Presentation by Seaside Wireless Communications: Loran Tweedie & Jeff Pastuck
3. Presentation by NS Department of Business: Monique Arsenault
4. Next Steps – MOUs, working committee
5. Selection of working committee
6. Date of next meeting
7. Adjournment

285 Alexandra Street
Sydney, NS | B1S 2E8
(902) 562-7182

609 Church Street, Suite 101
Port Hawkesbury, NS | B9A 2X4
(902) 625-0958

capebretonpartnership.com



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

NAME: Chris Boudreau

PERIOD COVERED: January 1, 2018 to January 31, 2018

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
02-Jan-18	Travel to Richmond Arena for Louisdale Water Treatment Plant Construction Meeting	34	
09-Jan-18	Travel to Landrie Lake in Point Tupper for site visit with Town of PH rep and Operator	100	
12-Jan-18	Travel to Arena / Louisdale WTP for Site Tour.	34	
17-Jan-18	Travel to St. Peter's Village Office for commissioning meeting for French Cove Project	72	

Totals: 240.00 \$0.00
 Rate: \$0.4289
 Total Mileage (\$): \$102.94

Total Expenses Claimed: **\$102.94**

ACCOUNT #:	10-242-3070-242110	CHEQUE #:	
SIGNATURE:	<i>Chris Boudreau</i>	AMOUNT:	
APPROVED:	<i>K. M. Boudreau</i>	DATE PAID:	
Date Submitted	Feb 1, 2018	INITIAL:	

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



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:	Port Hawkesbury Civic Center
Purpose of Travel:	AMANS Regional Meeting
Departure Date/Time:	9:15 AM - Jan 23/18
Return Date/Time:	Jan 23/18 1:00 PM
Approval to Travel	<i>[Signature]</i> Date: Jan. 22/2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	90.00	90.00				90.00
Total Cost of Mileage:	\$38.60	\$0.00	\$0.00	\$0.00	\$0.00	\$38.60
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	\$38.60	\$0.00	\$0.00	\$0.00	\$0.00	\$38.60

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

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

attendance threshold has been met

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

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

Claimant Signature: Yvonne Boudreau

Date Submitted: October 23/18

Travel Approved by Supervisor: [Signature]

GL Code:

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <u>10 212 2120 212</u>	<u>130</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:	Yvonne Boudreau
Destination:	Port Hawkesbury, NS
Purpose of Travel:	Regional AMANS Meeting
Departure Date/Time:	9:15 AM
Return Date/Time:	January 23, 2018

Approval to Travel *[Signature]* **Date:** Jan. 18/2018

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 60 days after return.

Claimant Signature: _____

Date Submitted: _____

Travel Approved by Supervisor: _____

GL Code: _____

JOINT REGIONAL AMANS MEETING

16-Jan-18

AGENDA	Shelley
WELCOME/INTRODUCTIONS	Shelley
ORIENTATION - AMA AND ROLES	Shelley
AUDITED FS	Shelley
AMANS PRIORITIES	Leanne
FALL CONFERENCE	Leanne
DISCUSSION	Leanne
A) Items for future meetings	
B) Questions/Concerns	
NEXT MEETING	Leanne



[Show Details](#)

Regional AMANS Meeting

Tue 23/01/2018 10:00 AM - 12:00 PM

Attendance is **required** for Yvonne Boudreau

Chair: leanne.maceachen@countyvictoria.ns.ca

Sent by: **Leanne MacEachen** <leanne.maceachen@countyvictoria.ns.ca>

Location: Port Hawkesbury Civic centre

Required:	tanya.tibbo@invernesscounty.ca , Chris A Boudreau/Richmond, Kathleen Jeffrey/Richmond, Jason Martell/Richmond, Laurier M Samson/Richmond, kelly.brett@countyvictoria.ns.ca , robert.dauphinee@countyvictoria.ns.ca , heather.maclean@countyvictoria.ns.ca , Yvonne srector@townofantigonish.ca
Optional:	

Description

Hi everyone.

I am your regional AMANS rep, and I realized, I'm supposed to be having regional meetings! Antigonish area and ourselves (rep Shelley Rector) will be having a Joint Meeting.

I would like to discuss AMANS initiatives, priorities for this year, and, talk about the Fall Conference being held in Baddeck this year - bring your volunteer willingness with you!

Port Hawkesbury has graciously offered to host us...

See you on the 23th...

Merry Christmas!

Personal Notes

Mtg with Green Seamed
Dolce
FiRo

PREMIUM SEAFOODS LIMIT
2392 HWY 206 2
ARICHAT, NS BOE 1A0

Merchant ID: 0000000589
Per: Lurch, David, Ann
02416340016

Purchase

VISA CREDIT

XXXXXXXXXXXX0904

AID: A0000000031010

Entry Method: Chip

Batch #: 000092

12/04/17 13:26:44

11/19/17

00000005820213

Appr Code: 01484F

Sub	\$	35.65
Tax	\$	0.00
Total:	\$	35.65

Customer Copy

ARICHAT SEAFOOD MARKET
One Bite and You're Hooked!
P.O. BOX 37
Arichat, Nova Scotia BOE 2L0
(902) 226-0091
*** Duplicate Receipt ***

Receipt No: 000100112042017060650
Date: 12/04/2017 12:43 pm
Cashier: Tammie
Register No: 1
Customer No:
Cust Name:

Item	Qty	Amount
Grilled Montr	1	11.00H
Seafood Chowd	3	27.00H
Soup and sand	1	9.50H

Sub-Total 47.50
HST 7.13

5 Grand-Total 54.63
VISA 54.63

HST# 104293865RT001
THANK YOU FOR SHOPPING
HAVE A NICE DAY

PREMIUM SEAFOODS LIMIT
2392 HWY 206 2
ARICHAT, NS BOE 1A0

Merchant ID: 0000000589
Term ID: 02063145
02416340016

Purchase

VISA CREDIT

XXXXXXXXXXXX0904

AID: A0000000031010

Entry Method: Waved

Batch #: 000092

12/04/17

12:42:22

000004611679

Appr Code: 07225F

Amount:	\$	54.63
Tip:	\$	8.19
Total:	\$	62.82

Customer Copy

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4289**

Name of Claimant:	Kent MacIntyre
Destination:	Sydney
Purpose of Travel:	Two Meetings – CB Partnership CEO and City of Sydney CAO
Departure Date/Time:	Wednesday, January 17 th , 2018
Return Date/Time:	Wednesday, January 17 th , 2018

Approval to Travel Brian Marchand **Date:** Jan 16/2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 242.00	242.00					242.00
Total Cost of Mileage: \$0.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103.79
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20						\$25.00
Lunch \$25	\$25.00					\$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	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$128.79

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 [Signature] N/A _____

Cape Breton Partnership Open House – meeting Board members and other municipal administrators.

Meeting Keith MacDonald – CEO (CB Partnership)

Goods Rec'd.....	Date.....	Initial.....
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	10.212.2120	212130

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

Claimant Signature:	<u>[Signature]</u>
Date Submitted:	January 16 th , 2018
Travel Approved by Supervisor:	<u>Brian Marchand - Jan 19/2018</u>
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:	Kent MacIntyre
Destination:	Sydney
Purpose of Travel:	Two Meetings – CB Partnership CEO and City of Sydney CAO
Departure Date/Time:	Wednesday, January 17 th , 2018
Return Date/Time:	Wednesday, January 17 th , 2018

Approval to Travel Brian Marchand **Date:** Jan 16 - 2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):						0.00
Total Cost of Mileage:	\$0.43	\$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 KM N/A _____

Cape Breton Partnership - Open House

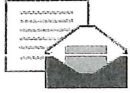
All claims are to be submitted not later than 60 days after return.

Claimant Signature: Kent MacIntyre

Date Submitted: January 16th, 2018

Travel Approved by Supervisor: _____

GL Code: _____



Re: Mileage 

Jason MacLean to: Yvonne Boudreau

29/01/2018 06:21 PM

Looks good.

Thanks Yvonne.

Yvonne Boudreau

Can you respond to this email indicating your ap...

29/01/2018 01:45:09 PM

From: Yvonne Boudreau/Richmond
To: Jason MacLean/Richmond@Richmond
Date: 29/01/2018 01:45 PM
Subject: Mileage

Can you respond to this email indicating your approval of the attached mileage payment?

Thanks,

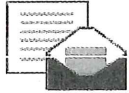
Yvonne Boudreau
Municipal Clerk, Communications & Administrative Officer
Municipality of the County of Richmond
2357 Hwy 206, PO Box 120
Arichat, NS
B0E 1A0
PH: (902) 226-3971
FAX: (902) 226-1510
yboudreau@richmondcounty.ca
----- Forwarded by Yvonne Boudreau/Richmond on 29/01/2018 01:44 PM -----


From: ricoh@county.richmond.ns.ca
To: "Yvonne Boudreau" <yboudreau@richmondcounty.ca>
Date: 29/01/2018 01:43 PM
Subject: Ricoh Scanned Document

This E-mail was sent from "RNP002673A93E00" (MP C4503).

Scan Date: 01.29.2018 13:38:58 (-0500)
Queries to: ricoh@county.richmond.ns.ca

[attachment "20180129133858478.pdf" deleted by Jason MacLean/Richmond]



Re: Mileage 
jason maclean to: Yvonne Boudreau

31/01/2018 12:38 PM

Hi Yvonne, I have to apologise for responding too quickly to this email without doing some homework first. I have already been reimbursed for January 30 and April 3 Policy Committee meetings. I was not reimbursed for the July 5 meeting but that was part of a claim that was submitted beyond the Policy deadline so we won't include that meeting either.

Sorry for not picking up on this Monday night before responding that everything was good.

Jason

Yvonne Boudreau Can you respond to this email indicating your ap... 29/01/2018 01:45:09 PM

From: Yvonne Boudreau/Richmond
To: Jason MacLean/Richmond@Richmond
Date: 29/01/2018 01:45 PM
Subject: Mileage

Can you respond to this email indicating your approval of the attached mileage payment?

Thanks,

Yvonne Boudreau
Municipal Clerk, Communications & Administrative Officer
Municipality of the County of Richmond
2357 Hwy 206, PO Box 120
Arichat, NS
B0E 1A0
PH:(902) 226-3971
FAX: (902) 226-1510
yboudreau@richmondcounty.ca

----- Forwarded by Yvonne Boudreau/Richmond on 29/01/2018 01:44 PM -----

From: ricoh@county.richmond.ns.ca
To: "Yvonne Boudreau" <yboudreau@richmondcounty.ca>
Date: 29/01/2018 01:43 PM
Subject: Ricoh Scanned Document

This E-mail was sent from "RNP002673A93E00" (MP C4503).

Scan Date: 01.29.2018 13:38:58 (-0500)
Queries to: ricoh@county.richmond.ns.ca



20180129133858478.pdf



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

OF THE COUNTY OF RICHMOND MUNICIPALITY TRAVEL
EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Keltic Quay - Whycocomagh
Purpose of Travel:	Broadband Meeting - Seaside
Departure Date/Time:	Jan 25-2018 - 8:30 AM
Return Date/Time:	Jan 25-2018 - 3:00 PM
Approval to Travel	Date: <u>Jan. 24 / 2018</u>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 143 KM	\$ 61.33	\$ -	\$ -	\$ -	\$ -	\$ 61.33
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	\$ 61.33					\$ 61.33

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:	
Date:	<u>Feb 5 / 2018</u>
Travel Approved by Supervisor:	
GL Code:	

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

CBREN Broadband Committee Meeting

January 25, 2018

Keltic Quay, Whycocomagh, NS 10 am – 12 pm



AGENDA

1. Welcome & Introductions: Carla Arsenault
2. Presentation by Seaside Wireless Communications: Loran Tweedie & Jeff Pastuck
3. Presentation by NS Department of Business: Monique Arsenault
4. Next Steps – MOUs, working committee
5. Selection of working committee
6. Date of next meeting
7. Adjournment

285 Alexandra Street
Sydney, NS | B1S 2E8
(902) 562-7182

609 Church Street, Suite 101
Port Hawkesbury, NS | B9A 2X4
(902) 625-0958

capebretonpartnership.com

Re: Broadband meeting

kmacintyre@richmondcounty.ca [kmacintyre@richmondcounty.ca]

Sent: January 24, 2018 9:49 AM

To: Brian [brianmarchand@hotmail.com]

Warden;

Yes. Permission OK'd.

Kent

From: "Brian" <brianmarchand@hotmail.com>
To: "Kent MacIntyre" <kmacintyre@richmondcounty.ca>
Date: 2018-01-24 08:50 AM
Subject: Broadband meeting

Kent, I'm seeking permission to go tomorrow (Jan 25) to the meeting in Whycomagh?

I'm giving u permission to attend as well.

Thanks.

Brian



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:	SAT Board Room
Purpose of Travel:	Reg Board Meeting
Departure Date/Time:	Jan 12-2018 - 9:00 AM
Return Date/Time:	Jan 12-2018 - 12:30 PM
Approval to Travel	<i>[Signature]</i> Date: Jan. 11/2018

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

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

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

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

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

Claimant Signature: Brian Marchand

Date: Jan 12 2018

Travel Approved by Supervisor: [Signature]

GL Code: _____

Goods Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....		<u>A</u>
Add. & Ext. Checked.....		<u>A</u>
Approval for Payment.....		<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 210 2100 210</u>		<u>110</u>

HS 3



Strait Area Transit Board Meeting

January 12th 2018, Strait Area Transit Boardroom

Agenda

- 1) Call to order
- 2) Approval of Agenda
- 3) In Camera (if required)
- 4) Minutes
- 5) Manager's Report
- 6) Vehicle Report
- 7) Financial Report
- 8) Richmond County Update
- 9) Garage/Office Space Update
- 10) Business Plan
- 11) Dispatcher
- 12) Victoria County
- 13) Additional items: a
 - b
 - c
 - d
- 14) Adjournment

Next meeting:

Re: Mileage
Alvin Martell
to:
Yvonne Boudreau
29/01/2018 01:48 PM

Hide Details
From: Alvin Martell/Richmond
To: Yvonne Boudreau/Richmond@Richmond
Yes it looks ok . That was a long time ago .

Sent from my iPhone

On Jan 29, 2018, at 1:46 PM, Yvonne Boudreau <yboudreau@richmondcounty.ca> wrote:

Alvin,

Can you respond to this email indicating your approval of the attached mileage payment?

Thanks,

Yvonne Boudreau
Municipal Clerk, Communications & Administrative Officer
Municipality of the County of Richmond
2357 Hwy 206, PO Box 120
Arichat, NS
B0E 1A0
PH:(902) 226-3971
FAX: (902) 226-1510
yboudreau@richmondcounty.ca

----- Forwarded by Yvonne Boudreau/Richmond on 29/01/2018 01:46 PM -----

From: ricoh@county.richmond.ns.ca
To: "Yvonne Boudreau" <yboudreau@richmondcounty.ca>
Date: 29/01/2018 01:43 PM
Subject: Ricoh Scanned Document

This E-mail was sent from "RNP002673A93E00" (MP C4503).

Scan Date: 01.29.2018 13:39:16 (-0500)
Queries to: ricoh@county.richmond.ns.ca

(See attached file: 20180129133916265.pdf)

<20180129133916265.pdf>

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM		Rate \$0.4289
Name of Claimant:	Sharla Sampson	
Destination:	Port Hawkesbury Civic Centre	
Purpose of Travel:	DAL Phase 3 Leadership Development for Physical Activity Promotion	
Departure Date/Time:	08/01/2018 11:00 am	
Return Date/Time:	08/01/2018 4:30 pm	
Approval to Travel		Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 89.60	89.60					89.60
Total Cost of Mileage: \$38.43	\$38.43	\$0.00	\$0.00	\$0.00	\$0.00	\$38.43
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	\$63.43	\$0.00	\$0.00	\$0.00	\$0.00	\$63.43

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 60 days after return.

Claimant Signature: Sharla Sampson

Date Submitted: 09/01/2018

Travel Approved by Supervisor: [Signature]

GL Code: 10 2704/20 270130

Goods Rec'd. Date.....	Initial.....	<u>P</u>
Prices Checked.....		<u>P</u>
Add. & Ext. Checked.....		<u>P</u>
Approval for Payment.....		<u>P</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10.270.41.20.270130</u>		

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:	Port Hawkesbury Civic Centre, Port Hawkesbury
Purpose of Travel:	DAL Phase 3 : Leadership Development for Physical Activity Promotion
Departure Date/Time:	08/01/2018 12:30
Return Date/Time:	09/01/2018 16:15

Approval to Travel Date: 01/04/18

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%

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:	



Leadership Development for Physical Activity Promotion- Phase 3
NS PhysicalActivityCourse

to:

caclare@cbrm.ns.ca, corene.gillis@townofporthawkesbury.ca, erin.forsey@nshealth.ca,
jcpenny@cbrm.ns.ca, naturallyactiveforlife@countyvictoria.ns.ca,
smombourquette@richmondcounty.ca, stp-cb@ecologyaction.ca,
wayne.mckay@novascotia.ca

12/12/2017 11:35 AM

Hide Details

From: NS PhysicalActivityCourse <physicalactivitycourse.ns@heartandstroke.ca> Sort
List...

To: "caclare@cbrm.ns.ca" <caclare@cbrm.ns.ca>,
"corene.gillis@townofporthawkesbury.ca" <corene.gillis@townofporthawkesbury.ca>,
"erin.forsey@nshealth.ca" <erin.forsey@nshealth.ca>, "jcpenny@cbrm.ns.ca"
<jcpenny@cbrm.ns.ca>, "naturallyactiveforlife@countyvictoria.ns.ca"
<naturallyactiveforlife@countyvictoria.ns.ca>, "smombourquette@richmondcounty.ca"
<smombourquette@richmondcounty.ca>, "stp-cb@ecologyaction.ca" <stp-
cb@ecologyaction.ca>, "wayne.mckay@novascotia.ca" <wayne.mckay@novascotia.ca>
History: This message has been replied to.

3 Attachments



Policy Workshop Assignment.docx



Policy Webinar Powerpoint Jan 2018.pptx

Leadership Development in Physical Activity Promotion Mentor Bios.docx

Dear Phase Three Course Participants:

We are moving on to phase three! Based on the recent Doodle poll, the phase 3 session for your region is planned for Monday, January 8th from 12:30pm – 4:15pm at the Port Hawkesbury Civic Centre.

During this event, you will:

- revisit the logic models you developed in May
- discuss policy approaches to addressing physical inactivity

Session overviews:

1. *Reviewing and Refining Logic Models*

How do we know our activities are making a difference? Developing a logic model for your project or initiative is the first step in answering this question. A logic model provides a bird's eye view of the activities involved in your project and what you expect to happen as a result of your work. In this session, we will review and define the main elements of a logic model (inputs, audience/stakeholders, activities, outputs, and short and long-term outcomes), and then apply these concepts to refine, strengthen and further develop the logic models that each region created in the spring of 2017.

1. *Practical Tips on Policy Development*

This topic was selected based on replies to surveys in recent months. It builds on the Policy

session that was offered at the May 2017 course at Dalhousie. Participants will develop an outline of a policy based on a current physical activity priority. During the session, each person will have the opportunity to share their experience in developing a policy. A presentation and discussion by the facilitators with suggestions will be provided on improving the policy development process.

Please find attached:

- Mentor biographies
- Reading material
- Brief assignment (**please complete in advance of the event**)

For your information:

- Lunch will not be provided at the session, so please remember to fuel up before the event
- Participation in all three phases of the course are required to receive a letter of completion from Dalhousie University
- If you missed phase two of the course, you are still welcome to participate in phase three.
- RSVPs are required to support planning.

Please RSVP to this email by **December 22nd 2017**. If you are unable to attend in person on this date but would like to participate in Phase 3, please respond to this email and we will provide you additional options.

Sincerely,

Leadership Development for Physical Activity Promotion Course Planning Committee

Life. We don't want you to miss it.™

That's why we lead the fight against heart disease and stroke. Our new logo is the face of our deeper transformation and bolder resolve to push even harder, lead greater change and save more lives.

See it at heartandstroke.ca



Connect with us: [Facebook](#) | [Twitter](#) | [YouTube](#) | [Instagram](#) | [LinkedIn](#)

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM		Rate \$0.4289
Name of Claimant:	Sharla Sampson	
Destination:	Gaelic College, Englishtown	
Purpose of Travel:	Regional Physical Activity Focus Group	
Departure Date/Time:	12/01/2018 8:00am (Depart)	
Return Date/Time:	12/01/2018 12:00pm (Arrival)	
Approval to Travel	Date:	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	242.00	242.00				242.00
Total Cost of Mileage:	\$103.79	\$0.00	\$0.00	\$0.00	\$0.00	\$103.79
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$0.00
Lunch \$25						\$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	\$103.79	\$0.00	\$0.00	\$0.00	\$0.00	\$103.79

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

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

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

Meeting was canceled as I drove by Baddeck due to a MVA in Englishtown causing the Highway to be closed. CCH employees were unable to attend causing the meeting to be rescheduled at a later date.

All claims are to be submitted not later than 60 days after return	
Claimant Signature:	<i>Sharla Sampson</i>
Date Submitted:	01/16/18
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	10 270 4120 270130

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	HST 3
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No.....	10 270 4120 270130

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM	Rate \$0.4289
-----------------------------	----------------------

Name of Claimant:	Sharla Sampson
Destination:	Gaelic College, Englishtown
Purpose of Travel:	Regional Physical Activity Focus Group
Departure Date/Time:	12/01/2018 10:30
Return Date/Time:	12/01/2018 14:00

Approval to Travel Date: 01/04/18

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%

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

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

SCHEDULE "B"



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

TRAVEL EXPENSE CLAIM Rate \$0.4289

Name of Claimant:	Sharla Sampson
Destination:	The Gaelic College, Englishtown
Purpose of Travel:	Regional Physical Activity Focus Group
Departure Date/Time:	18-Jan-18 <u>8am</u>
Return Date/Time:	18-Jan-18 <u>4:00pm</u>

Approval to Travel **Date:**

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 280.00	280.00					280.00
Total Cost of Mileage: \$120.09	\$120.09	\$0.00	\$0.00	\$0.00	\$0.00	\$120.09
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	\$120.09	\$0.00	\$0.00	\$0.00	\$0.00	\$120.09

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 _____

This was a brainstorming session regarding possible funding. No agenda was supplied.

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

Claimant Signature: Sharla Sampson

Date: 19-01-2018

Travel Approved by Supervisor: [Signature]

GL Code: 10 210 4120 210130

Goods/Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....		<u>A</u>
Add. & Ext. Checked.....		<u>A</u>
Approval for Payment.....	<u>HST 3</u>	<u>P</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 270 4120 270</u>		<u>13</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:	Sharla Sampson
Destination:	The Gaelic College, Englishtown
Purpose of Travel:	Regional Physical Activity Focus Group
Departure Date/Time:	18-Jan-18 8:00 am
Return Date/Time:	18-Jan-18

Approval to Travel Date: 01/16/18

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%

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

TRAVEL EXPENSE CLAIM		Rate \$0.4289
Name of Claimant:	Laurier Samson	
Destination:	Baddeck Courthouse, 497 Chebucto Rd, Baddeck	
Purpose of Travel:	Meeting with CB Connect Subcommittee	
Departure Date/Time:	Monday, January 22 - 8:00 am	
Return Date/Time:	Monday, January 22 - 3:30 pm	
Approval to Travel		Date: <u>Jan. 20/2018</u>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	238.00	238.00				238.00
Total Cost of Mileage:	\$102.08	\$0.00	\$0.00	\$0.00	\$0.00	\$102.08
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$0.00
Lunch \$25	\$25.00					\$25.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
Total Amount Being Claimed	\$127.08	\$0.00	\$0.00	\$0.00	\$0.00	\$127.08

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 _____

Meeting of a Cape Breton Connect Subcommittee. Attendees were: Wayne MacKay, Anna Lee MacEachern myself and Ashley Eisan.

Purpose of the meeting was to discuss the next steps for Cape Breton Connect.

All claims are to be submitted not later than 60 days after return.	
Claimant Signature:	
Date Submitted:	<u>01/23/18</u>
Travel Approved by Supervisor:	
GL Code:	

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 2701 80</u>		115T



MUNICIPALITY OF THE COUNTY OF RICHMOND
TRAVEL EXPENSE CLAIM

Name of Claimant: CHARLENE SHORT
 Destination: TOWN OF PORT HAWKESBURY, INVERNESS COUNTY, NS
 Purpose of Travel: EDHUB TRAINING
 Departure Date/Time: JANUARY 15, 2017 8:30 am
 Return Date/Time: JANUARY 15, 2017 1:30 pm
 Approval to Travel: *Chris Bourdeau* Date: Dec 14/17

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	81	0	0	0	0	34.7409
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0
Lunch \$25	25					25
Dinner \$30						0
Other Meals (Receipts Required)						0
Incidentals (\$10 per overnight stay)						0
Taxi/Parking/Tolls (Receipts Required)						0
Total Amount Being Claimed						\$59.74

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: *Charlene Short*
 Date: *Jan 16 2018*
 Travel Approved by Supervisor: *Chris Bourdeau*
 GL Code: 10-242-4000-242450

Goods Rec'd. Date.....	Initial.....
PST Code.....	
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Choque No.....	
Distribution: Acc't. No. <i>10 242 4000 242450</i>	



Edhub training session, Jan.9th 2018

Kara MacEachern

to:

caboudreau@richmondcounty.ca

14/12/2017 12:01 PM

Cc:

Garett Beaton, "phcc@mac.com"

Hide Details

From: Kara MacEachern <karaemaceachern@hotmail.com>

To: "caboudreau@richmondcounty.ca" <caboudreau@richmondcounty.ca>

Cc: Garett Beaton <garett.beaton@invernesscounty.ca>, "phcc@mac.com"

<phcc@mac.com>

History: This message has been replied to and forwarded.

Hi Chris,

Nice to meet you today. I have booked Jan.9th beginning at 9:30 at the Civic Centre for Edhub training with Corene. Can Charlene let me know if this works for her?

Many thanks,
Kara MacEachern

Re-scheduled to January 15th.