


Municipality of the County of Richmond - September 2018		
Meetings Held:		67 kms
Date:	Meeting:	Gilbert Boucher
September-10-18	COW	1
September-12-18	Strategic Planning	1
September 17, 2018	Village Commission	1
September 24, 2018	Council	1
Total # of Meetings Attended:		4
x kms/trip (return):		67
Total Mileage (kms):		268
Rate		0.4415
Total Owed		\$118.32



Goods Rec'd. Date.....	Initial.....
Prices Checked.....
Add. & Ext. Checked.....
Approval for Payment.....
Discount Date.....
Paid by Cheque No.	
Distribution: Acc't. No. 10 210 210 210 30	

UST 3

SCHEDULE "B"



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

MUNICIPALITY TRAVEL

OF THE COUNTY OF RICHMOND

EXPENSE CLAIM

Name of Claimant:	Chris Boudreau
Destination:	Halifax, Nova Scotia
Purpose of Travel:	Nova Scotia Asset Management Working Group Meeting
Departure Date/Time:	October 4, 2018 - 5:00 PM 2:30 PM
Return Date/Time:	October 5, 2018 - 4:00 PM
Approval to Travel	<i>[Signature]</i> Date: Oct. 2/2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	314 0	314 0	0	0	0	277.26 0.00
Accommodation: Direct Bill Hotel Name: Prince George <i>(Indicate if Direct Bill or Provide Receipt)</i>						0.00
Meals: Breakfast \$20	0	20				20.00 0.00
Lunch \$25	0	25				25.00 0.00
Dinner \$30	30 0	/				30.00 0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)	10					10.00 0.00
Taxi/Parking/Tolls (Receipts Required)						0.00
Total Amount Being Claimed						362.26 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>[Signature]</i>
Date:	Oct 11/18
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	10-242-3070-242110

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		

Infrastructure Asset Management Nova Scotia Working Group

Meeting Agenda

Date: Friday, October 5 from 9:00 am – 12:00 pm

Location: Nova Scotia Federation of Municipalities, 1809 Barrington Street, Suite 1304, Halifax

- | | |
|--|---------------------|
| 1. Welcome and call the meeting to order | 9:00 – 9:05 am |
| 2. Review of agenda | 9:05 – 9:10 am |
| 3. Review of notes from May 30 meeting (see Appendix A) | 9:10 – 9:15 am |
| 4. Update on the Nova Scotia Asset Management Program | 9:15 – 10:15 am |
| 5. Break | 10:15 – 10:30 am |
| 6. Review of the Working Group's Terms of Reference (see Appendix B), including a discussion of the composition of the Working Group | 10:30 – 11:30 am |
| 7. Other business/on the horizon/ adjournment | 11:30 am – 12:00 pm |

SCHEDULE "B"



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

OF THE COUNTY OF RICHMOND	MUNICIPALITY TRAVEL
EXPENSE CLAIM	

Name of Claimant:	Chris Boudreau
Destination:	Kemptown, Nova Scotia
Purpose of Travel:	Nova Scotia Solid Waste Managers and Directors Meeting
Departure Date/Time:	November 2, 2018 - 7:30 am
Return Date/Time:	November 2, 2018 - 4:00 pm
Approval to Travel	Date: Oct. 9/2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	398	0	0	0	0	\$ 175.72
Accommodation: Direct Bill						
Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						0.00
Meals: Breakfast \$20	/					0.00
Lunch \$25	/					0.00
Dinner \$30	/					0.00
Other Meals (Receipts Required)	/					0.00
Incidentals (\$10 per overnight stay)	/					0.00
Taxi/Parking/Tolls (Receipts Required)	/					0.00
Total Amount Being Claimed						\$ 175.72

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:	
Date:	Nov. 5, 2018
Travel Approved by Supervisor:	
GL Code:	10-242-3070-242110

Goods Rec'd. Date.....	Initial.....	B
Prices Checked.....		B
Add. & Ext. Checked.....		0
Approval for Payment.....		0
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10-242-3070-242110		HSR 3

NOVA SCOTIA SOLID WASTE MANAGERS/DIRECTORS COMMITTEE

Friday, November 2, 2018

185 Mingo Road, Kemptown

Municipality of Colchester MRF Boardroom

10:00 a.m. - 2:00 p.m.

AGENDA

- 1 Call to Order/Round Table Introductions

- 2 Approval of the Agenda

- 3 ****Guest**** Kurt Laskow-Pooley, Divert NS
 - Regional Chairs Workshop - Commodities Board Goal (R&D funding option)
 - Divert NS Procurement Summit -R&D funding options for pilot projects

- 4 Regional Chairs Workshop - Diversion Credit Payment Options
****Sub-Committee Presentation****

- 5 Recycling Markets - Member Operations (status update)

- 6 Priorities Group Committee (S. Rayworth/G. Green)

- 7 Datacall - Member Status Updated

- 8 C&D Consultation Paper

- 9 Battery Incidents

- 10 Training Options - 2019/2020

- 11 Open Floor Round Table Operational Updates

- 12 Next Meeting Date/Location

- 13 Adjournment



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

NAME: Chris Boudreau

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

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
02-Oct-18	Home to Louisdale Car Pool parking lot and return. Carpool to L'Ardoise for Strategic Plan.	38	
03-Oct-18	Home to St. Peter's and return. Carpool to Fourchu for Strategic Plan.	72	
12-Oct-18	Travel from office to Dundee for Municipal Public Works Association General Meeting	64	
15-Oct-18	Home to Arichat for supplies and to Lower River for Strategic Planning Session then home	73	
23-Oct-18	Home to office and return for regular council meeting.	28	

Totals: 275.00 \$0.00

Rate: \$0.4415

Total Mileage (\$): \$121.41

Total Expenses Claimed: **\$121.41**

ACCOUNT #:	10-242-3070-242110	CHEQUE #:	
SIGNATURE:	<i>Chris Boudreau</i>	AMOUNT:	
APPROVED:	X <i>[Signature]</i>	DATE PAID:	
DATE SUBMITTED:	Nov 5 / 18	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. 10-242-3070-242	110	



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4415**

Name of Claimant:	Ronalda Boudreau
Destination:	Port Hawkesbury, NS
Purpose of Travel:	Needed to purchase supplies for Halloween and 14U Hockey program
Departure Date/Time:	October 30, 2018/10:30 AM
Return Date/Time:	October 30, 2018/1:30 PM

Approval to Travel

Date: October 30, 2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 84.00	84.00					84.00
Total Cost of Mileage: \$37.09	\$37.09	\$0.00	\$0.00	\$0.00	\$0.00	\$37.09
Accommodation/Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
Total Amount Being Claimed	\$37.09	\$0.00	\$0.00	\$0.00	\$0.00	\$37.09

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% attendance threshold has been met.

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

Needed to purchase supplies for Halloween and 14U Hockey program

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

Claimant Signature:

Ronalda Boudreau

Date Submitted:

Travel Approved by Supervisor:

Sharla Sampson

GL Code:

10 270 4120 270180

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....	HST ?	<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 270 4120 270180</i>		<i>80</i>



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4415**

Name of Claimant:	Yvonne Boudreau
Destination:	Baddeck
Purpose of Travel:	AMA Fall Conference
Departure Date/Time:	12 pm October 16th
Return Date/Time:	3 pm October 19th

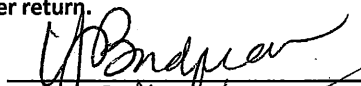
Approval to Travel  Date: Sept. 10/2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 238.00	119.00	0.00	0.00	119.00		238.00
Total Cost of Mileage: \$105.08	\$52.54	\$0.00	\$0.00	\$52.54	\$0.00	\$105.08
Accommodation/Hotel Name: Whitepoint Resort <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20	\$0.00	\$20.00	\$20.00	\$20.00		\$60.00
Lunch \$25	\$0.00	\$0.00	\$0.00	\$25.00		\$25.00
Dinner \$30	\$30.00	\$0.00	\$0.00	\$0.00		\$30.00
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
Total Amount Being Claimed	\$92.54	\$30.00	\$30.00	\$97.54	\$0.00	\$250.08

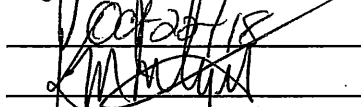
Written Travel Report - Policy Requirements (Section 1.3.ii)
Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met

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

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

Claimant Signature: 

Date Submitted: 10/20/18

Travel Approved by Supervisor: 

GL Code: _____

Goods Rec'd. Date.....	Initial.....	0
Prices Checked.....		0
Add. & Ext. Checked.....		0
Approval for Payment.....		0
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10.212.2120.212</u>		130

AMANS Fall Conference At-A-Glance Program

Tuesday October 16, 2018		
Event	Time	Location
CAO Session	4:30 p.m. – 6:30 p.m.	Glasgow 1
Registration	7:00 p.m. – 10:00 p.m.	Lakeside Lodge
Opening Reception	7:00 p.m. – 10:00 p.m.	Lakeside Lodge

Wednesday October 17, 2018		
Event	Time	Location
Fun Run	Meet at 6:45 a.m.	Outside Lakeside Lodge
Early Bird Draws	8:00 a.m. – 8:30 a.m.	Lakeside Lodge
Registration	8:00 a.m. – 10:00 a.m.	Lakeside Lodge
Opening Ceremonies	8:30 a.m. – 9:00 a.m.	MacAulay Centre
Keynote: Solving the People Puzzle <i>presented by: JJ Brun</i>	9:00 a.m. – 10:30 a.m.	MacAulay Centre
Refreshment Break	10:30 a.m. – 11:00 a.m.	Lakeside Lodge
Plenary: Maximizing Regional Opportunities Portage La Prairie Collaboration Success <i>presented by: Nettie Neudorf CAO for RM Portage La Prairie & Nathan Peto City Manager for City of Portage La Prairie</i>	11:00 a.m. – 12:30 p.m.	MacAulay Centre
Lunch / Wellness Awards	12:30 p.m. – 1:20 p.m.	MacAulay Centre
Plenary: A Burning Issue: Marijuana in the Workplace <i>presented by: Rick Dunlop, Partner, Stewart McKelvey</i>	1:20 p.m. – 2:20 p.m.	MacAulay Centre
Small Afternoon Break	2:20 p.m. – 2:35 p.m.	MacAulay Centre
Plenary: Provincial Round Table	2:35 p.m. – 4:00 p.m.	MacAulay Centre
Offsite Activities:		
Amoeba Sailing Tour (\$20) <i>registration required</i>	4:00 p.m.	Wharf on Jones Street
Archery (\$20) <i>registration required</i>	4:00 p.m.	Baddeck Curling Club
GROUP A: Baddeck Lobster Supper	5:30 p.m.	17 Ross Street, Baddeck NS
GROUP B: Baddeck Lobster Supper	7:30 p.m.	17 Ross Street, Baddeck NS

Thursday October 18, 2018		
Event	Time	Location
Early Bird Draws	8:00 a.m. – 8:30 a.m.	Lakeside Lodge
Registration	8:00 a.m. – 9:00 a.m.	Lakeside Lodge
Plenary: First Nations Reconciliation Workshop	8:30 a.m. – 10:00 a.m.	MacAulay Centre
Morning Break	10:00 a.m. – 10:30 a.m.	Lakeside Lodge

Annual General Meeting	10:30 a.m. – 11:10 a.m.	MacAulay Centre
Concurrent Session: Importance of Ergonomics <i>presented by: Pamela Dempster, Founder & Senior Health/Wellness Specialist</i>	11:10 a.m. – 12:10 p.m.	Glasgow House
Concurrent Session: Addressing the Housing Shortage with Innovation <i>presented by: Patrick Austin, Economic Development Officer for Victoria County, more presenters to come</i>	11:10 a.m. – 12:10 p.m.	MacAulay Centre
Exhibitor Luncheon	12:10 p.m. – 1:10 p.m.	MacAulay Centre
Presenting Sponsor	1:10 p.m. – 1:40 p.m.	MacAulay Centre
Plenary: Accessibility Framework <i>presented by: Gerry Post, Executive Director, Accessibility Secretariat</i>	1:40 p.m. – 2:40 p.m.	MacAulay Centre
Afternoon Break	2:40 p.m. – 3:10 p.m.	Lakeside Lodge
Concurrent Session: Awareness and Importance of Eating Local <i>presented by: Alicia Lake and Jim Mustard with the Cape Breton Food Hub</i>	3:10 p.m. – 4:10 p.m.	MacAulay Centre
Concurrent Session: Unconscious Bias in the Workplace & Community <i>presented by: Barb Miller Nix and Ann Divine, CEO of Ashanti Leadership & Professional Development</i>	3:10 p.m. – 4:10 p.m.	Glasgow House
President's Reception	6:00 p.m.	MacAulay Centre
President's Banquet	6:30 p.m. – 8:30 p.m.	MacAulay Centre
Ceilidh / Hospitality Suite	8:30 p.m. – 11:30 p.m.	Lakeside Lodge

Friday October 19, 2018

Event	Time	Location
Early Bird Draws	8:00 a.m. – 8:30 a.m.	Lakeside Lodge
Plenary Session: Leveraging Collective Strength, Local Initiatives <i>presented by: David Muise, Director of Information Technology MJSB and Mike Carter, Fire Services Coordinator, Cumberland County</i>	8:30 a.m. – 9:30 a.m.	MacAulay Centre
Small Morning Break	9:30 a.m. – 9:45 a.m.	MacAulay Centre
Keynote: Humour in the Workplace <i>presented by: Michael Kerr</i>	9:45 a.m. – 11:15 a.m.	MacAulay Centre
Grand Prize Draw	11:15 a.m.	MacAulay Centre

Note: You will get an email with this information.

Registration Information

Name:	YVONNE BOUDREAU
Organization Name:	Municipality of Richmond County
Name for Name Tag:	YVONNE BOUDREAU
Position:	Municipal Clerk
Address:	2357 Hwy 206
City:	Arichat
Province:	NS
Postal Code:	B0E 1A0
Phone:	902-226-3971
Email:	yboudreau@richmondcounty.ca
First AMA Conference:	NO

Conference Fees and Sessions

Delegate Type:	Member
Dietary Restrictions:	low carb, no sugar

Wednesday, October 17, 2018

Morning Fun Run:	NO
Night Activity:	No.Thanks
Night Baddeck Dinner:	Group A: 5:30pm seating
Main Course:	Atlantic Salmon
Thursday Dinner:	YES
Extra Ticket for Thursday Dinner (\$50):	NO
Extra Dietary Restrictions:	None

Payment Information

Sub Total:	\$492.83
15% HST #124731324RT0001:	\$73.92
Total:	\$566.75
Date Registered:	2018-08-14 10:59:35

Hide registration details ▲

PAYMENT OPTIONS

- 1. Secure on-line payment using VISA or MasterCard



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

- 2. Send a Cheque

Make Cheque payable to: **Association of Municipal Administrators, NS**

Mail to:
1809 Barrington St.

Inverary Resort & Ceilidh Country Lodge

P.O. Box 190
 369 Shore Road
 Baddeck, Nova Scotia
 B0E 1B0

Telephone: 902 295 3500 Fax: 902-295-3527

Yvonne Boudreau ARICHAT
 2357 Hwy 206
 Arichat
 Nova Scotia
 B0E 1A0

Page # 1 Inv.# 1810190022
 Res. # 360956
 Checked in Tue Oct 16/18 - 3:12pm
 Checked out Fri Oct 19/18 - 12:08pm
 Nights 3
 Room Rate 135.00
 Promo Code
 Room 014

Group: A M A N S

Date	Description	Reference	Charges	Credits
Oct16	Grp codes		135.00	
Oct16	CB Island Marketing Levy		2.70	
Oct16	HST		20.66	
Oct17	Grp codes		135.00	
Oct17	CB Island Marketing Levy		2.70	
Oct17	HST		20.66	
Oct18	Grp codes		135.00	
Oct18	CB Island Marketing Levy		2.70	
Oct18	HST		20.66	
Oct19	INVOICE BALANCE OUTSTANDING			475.08
Total outstanding this Invoice			475.08	475.08

Municipality of Richmond Co.
 P.O. Box 120
 Arichat
 Nova Scotia B0E 1A0

Please issue payment to: Inverary Resort
 PO Box 190
 Baddeck, NS
 B0E 1B0

Our H.S.T. # is 102520731

Charge Summary:
 HST 61.98

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>10 212 2120 212</i>	<i>130</i>

HST 3



TRAVEL EXPENSE CLAIM Rate \$0.4415

Name of Claimant:	Yvonne Boudreau
Destination:	Antigonish County Office
Purpose of Travel:	Group of 9 IT Meeting
Departure Date/Time:	8 am October 12th
Return Date/Time:	1 pm October 12th

Approval to Travel _____ **Date:** _____

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 0.00	210.00	0.00	0.00			210.00
Total Cost of Mileage: \$92.72	\$92.72	\$0.00	\$0.00	\$0.00	\$0.00	\$92.72
Accommodation/Hotel Name: Whitepoint Resort						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20	\$0.00	\$0.00	\$0.00			\$0.00
Lunch \$25	\$0.00	\$0.00	\$0.00			\$0.00
Dinner \$30	\$0.00	\$0.00	\$0.00			\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$0.00	\$0.00				\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
Total Amount Being Claimed	\$92.72	\$0.00	\$0.00	\$0.00	\$0.00	<u>\$92.72</u>

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

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

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

Claimant Signature: Yvonne Boudreau

Date Submitted: Oct 12/18

Travel Approved by Supervisor: [Signature]

GL Code: _____

Goods Rec'd. Date.....	Initial.....	<u>YB</u>
Prices Checked.....		<u>A</u>
Add. & Ext. Checked.....		<u>A</u>
Approval for Payment.....		<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.	<u>10 212 2120 21213</u>	<u>0</u>



TRAVEL EXPENSE CLAIM

Rate **\$0.4415**

Name of Claimant:	Yvonne Boudreau
Destination:	Antigonish County Office
Purpose of Travel:	Group of 9 IT Meeting
Departure Date/Time:	8 am October 12th
Return Date/Time:	1 pm October 12th

Approval to Travel *[Signature]* Date: *Oct. 9/2018*

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 0.00	0.00	0.00	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: Whitepoint Resort <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20	\$0.00	\$0.00	\$0.00			\$0.00
Lunch \$25	\$0.00	\$0.00	\$0.00			\$0.00
Dinner \$30	\$0.00	\$0.00	\$0.00			\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)	\$0.00	\$0.00				\$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

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: _____



RE: Group of 9 IT Assessment - Planning Next Steps

Tanya L. Tibbo

to:

Beth Schumacher, Marian Fraser, Brian Luciano

05/10/2018 03:51 PM

Cc:

"Dauphinee, Ron L", "Jim Davis", "Leanne MacEachen", "yboudreau@richmondcounty.ca",

"Allison Duggan", "Erin MacEachen", "Shawn Andrews"

Hide Details

From: "Tanya L. Tibbo" <tanya.tibbo@invernesscounty.ca> Sort List...

To: "Beth Schumacher" <beth.schumacher@antigonishcounty.ns.ca>, "Marian Fraser"

<marian.fraser@saint-marys.ca>, "Brian Luciano" <bluciano@townofantigonish.ca>

Cc: "Dauphinee, Ron L" <Ron.Dauphinee@novascotia.ca>, "Jim Davis"

<Jim.Davis@townofmulgrave.ca>, "Leanne MacEachen"

<leanne.maceachen@countyvictoria.ns.ca>, "yboudreau@richmondcounty.ca"

<yboudreau@richmondcounty.ca>, "Allison Duggan" <allison.duggan@antigonishcounty.ns.ca>,

"Erin MacEachen" <emaceachen@townofph.ca>, "Shawn Andrews" <sandrews@modg.ca>

Hi Everyone,

Happy Friday! And long weekend!

I see from the Doodle Poll that six of us are available on Friday, October 12th at 10:00am. Antigonish County has agreed to host the meeting in their Boardroom. Can we confirm this date to meet to get this project moving.

Please let me know if this is doable. Thanks,

Tanya

From: Beth Schumacher <beth.schumacher@antigonishcounty.ns.ca>

Sent: October-02-18 3:50 PM

To: Marian Fraser <marian.fraser@saint-marys.ca>; Brian Luciano <bluciano@townofantigonish.ca>

Cc: Dauphinee, Ron L <Ron.Dauphinee@novascotia.ca>; Jim Davis <Jim.Davis@townofmulgrave.ca>; Tanya L. Tibbo

<tanya.tibbo@invernesscounty.ca>; Leanne MacEachen <leanne.maceachen@countyvictoria.ns.ca>;

yboudreau@richmondcounty.ca; Allison Duggan <allison.duggan@antigonishcounty.ns.ca>; Erin MacEachen

<emaceachen@townofph.ca>; Shawn Andrews <sandrews@modg.ca>

Subject: Group of 9 IT Assessment - Planning Next Steps

Hi Everyone,

Let's hope that a third time is a charm. Since we haven't had any luck with the conference calls, let's try an in-person meeting.

<https://doodle.com/poll/vkh9hsb8xuedva5w>

Open to suggestions for alternative dates/times if more appropriate!

Cheers,

Beth

If this email is spam, report it to www.OnlyMyEmail.com

Municipality of the County of Richmond - September 2018	
Meetings Held:	10 km
Date:	James Goyetche
September-10-18	1
September-12-18	1
September 17, 2018	1
September 24, 2018	1
Total # of Meetings Attended:	4
x kms/trip (return):	10
Total Mileage (kms):	40
Rate	0.4415
Total Owed	\$17.66

Goods Rec'd. Date.....Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No.....
 Distribution: Acc't. No. 10-2110-2110-2110-30


 HST 3



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

TRAVEL EXPENSE CLAIM

Rate \$0.4415

Name of Claimant:	Jame Goyetche
Destination:	Keltic Lodge – Ingonish
Purpose of Travel:	Investor Summit – Economic Impact Awards
Departure Date/Time:	2018-10-04
Return Date/Time:	October 5 th / 2018
Approval to Travel	Date: Oct. 3 / 2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):						488 Km / \$0.00
Total Cost of Mileage:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	215.45
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)	10.00					10.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
Total Amount Being Claimed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	250.45

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

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

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

The investor summit was held on Thursday, Oct 4th - signed award for Brian Bamson - Premium Seafoods, left on Thurs Oct 4th at 8:30 AM arrived on Friday at 12:30 P.M. Attended sessions on Thursday and awards banquet Thursday night. Left Friday morning.

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

Claimant Signature:

Jame Goyetche
 Oct 9th / 2018

Date Submitted:

Travel Approved by Supervisor:

Brian Marchand

GL Code:

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10, 210, 2110, 2101, 30		



KELTIC LODGE

Resort and Spa

Middle Head Peninsula, Ingonish Beach, Nova Scotia, B0C 1L0
Tel: 902-285-2880 Fax: 902-285-2859 Toll-Free: 800-565-0444
keltic@kelticlodge.ca

James Goyetche

Page # 1 Inv.# 1810050002
Res. # 118262
Checked in Thu Oct 4/18 - 3:22pm
Checked out Fri Oct 5/18 - 8:03am
Nights 1
Room Rate 137.00
Room 514

Group: CB Partnership

Date	Description	Reference	Charges	Credits
Oct04	Group Rate		137.00	
Oct04	Levy		2.38	
Oct04	HST on Accommodation		18.21	
Oct04	HST		2.70	
Oct05	INVOICE BALANCE OUTSTANDING -			160.29
<i>Total Outstanding this Invoice</i>			160.29	160.29

Richmond County
Attn: Don Marchand
P. O. Box 120
Arichat B0E 1A0

X _____

Our H.S.T. # is 830604013

Charge Summary:

HST 2.70
HST on Accommodation 18.21

Goods Rec'd. Date.....	Initial.....	D
Prices Checked.....		A
Add. & Ext. Checked.....		A
Approval for Payment.....		A
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	0 210 210 210	130

[Handwritten signature]
HST 3



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

TRAVEL EXPENSE CLAIM Rate \$0.4415

Name of Claimant:	Kathleen Jeffrey
Destination:	Antigonish County Office
Purpose of Travel:	Group of 9 IT Meeting
Departure Date/Time:	9 am October 12th
Return Date/Time:	1 pm October 12th

Approval to Travel *Jan Martel* Date: 10/11/18

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 184.00	184.00					184.00
Total Cost of Mileage: \$81.24	\$81.24	\$0.00	\$0.00	\$0.00	\$0.00	\$81.24
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	\$81.24	\$0.00	\$0.00	\$0.00	\$0.00	\$81.24

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 KJ N/A _____

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

Claimant Signature: *Kathleen Jeffrey*

Date Submitted: 11/8/18

Travel Approved by Supervisor: *Jan Martel*

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>HST 3</u>	<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.	<u>10.212 2120 2121</u>	<u>30</u>



Fw: Group of 9 IT Assessment - Planning Next Steps
Yvonne Boudreau to: Kathleen Jeffrey

11/10/2018 09:22 AM

Yvonne Boudreau
Municipal Clerk, Communications Administrator
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



LA MUNICIPALITÉ
DU COMTE DE
RICHMOND

----- Forwarded by Yvonne Boudreau/Richmond on 11/10/2018 09:22 AM -----

From: "Beth Schumacher" <beth.schumacher@antigonishcounty.ns.ca>
To: "yboudreau@richmondcounty.ca" <yboudreau@richmondcounty.ca>
Date: 11/10/2018 09:20 AM
Subject: RE: Group of 9 IT Assessment - Planning Next Steps

Hi!

This sounds perfect – thank-you for letting me know!

Cheers,

Beth

From: yboudreau@richmondcounty.ca [mailto:yboudreau@richmondcounty.ca]
Sent: October-11-18 9:18 AM
To: Beth Schumacher
Subject: RE: Group of 9 IT Assessment - Planning Next Steps

Beth,

Kathleen Jeffrey, the Finance Manager will be starting to attend these meetings with me going forward. She has the Diamond knowledge.

This should be ok right.

Yvonne Boudreau
Municipal Clerk, Communications Administrator
Municipality of the County of Richmond
2357 Hwy 206, PO Box 120
Arichat, NS
B0E 1A0



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

TRAVEL EXPENSE CLAIM

Rate \$0.4415

Name of Claimant:	Kent MacIntyre
Destination:	Keltic Lodge, Ingonish
Purpose of Travel:	Investor Summit and Economic Impact Awards
Departure Date/Time:	2018-10-04
Return Date/Time:	October 5, 2018

Approval to Travel Brian Marchand Date: Oct 3/2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	213.00	213.00				426.00
Total Cost of Mileage:	\$94.04	\$94.04	\$0.00	\$0.00	\$0.00	\$188.08
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	\$94.04	\$94.04	\$0.00	\$0.00	\$0.00	\$188.08

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 KM N/A _____

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

Claimant Signature: Kent MacIntyre

Date Submitted: Oct 9/2018

Travel Approved by Supervisor: Brian Marchand

GL Code: _____

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....		10212 2120 212 130



KELTIC LODGE

Resort and Spa

Middle Head Peninsula, Ingonish Beach, Nova Scotia, B0C 1L0
Tel: 902-285-2880 Fax: 902-285-2859 Toll-Free: 800-565-0444
keltic@kelticlodge.ca

Kent MacIntyre

Page # 1 Inv.# 1810050003
Res. # 118253
Checked in Thu Oct 4/18 - 3:49pm
Checked out Fri Oct 5/18 - 8:38am
Nights 1
Room Rate 137.00
Room 604

Group: CB Partnership

Date	Description	Reference	Charges	Credits
Oct04	Group Rate		137.00	
Oct04	Levy		2.38	
Oct04	HST on Accommodation		18.21	
Oct04	HST		2.70	
Oct05	INVOICE BALANCE OUTSTANDING -			160.29
<i>Total Outstanding this Invoice</i>			160.29	<u>160.29</u>

Richmond County
Attn: Don Marchand
P. O. Box 120
Arichat B0E 1A0

X _____

Our H.S.T. # is 830604013

Charge Summary:

HST 2.70
HST on Accommodation 18.21

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

HST 3

9:00am - 10:00am **Registration and Networking**

2:30pm - 3:15pm

Innovative Approaches to Traditional Business

10:00am - 10:10am **Welcome**

Jay Rawding
OWNER

10:10am - 10:35am **Cape Breton Partnership Update**

HIGHLAND BOW AND ARROW

Carla Arsenault

Tara Milburn
OWNER

PRESIDENT & CEO

ETHICAL SWAG INC.

CAPE BRETON PARTNERSHIP

Wesley Colford

ARTISTIC DIRECTOR

THE HIGHLAND ARTS THEATRE

10:35am - 11:30am **The Spirit of Invention: Creative Island**

Morgan Murray

INNOVATION DIRECTOR

CAPE BRETON PARTNERSHIP

3:15pm - 3:45pm

Nutrition & Networking Break

11:30am - 12:00pm

Life Satisfaction in Cape Breton

Danny Graham

CHIEF ENGAGEMENT OFFICER

ENGAGE NOVA SCOTIA

3:45pm - 4:30pm

Innovative Opportunities in Oceans

Dr. Beth Mason

CHIEF EXECUTIVE OFFICER

CBU VERSCHUREN CENTRE

Donald Davis

DIRECTOR OF COMMERCIAL OPERATIONS

WE'KOQMA'Q FIRST NATION

12:00pm - 1:15pm

Luncheon Keynote

John Norman

CHIEF OPERATIONS OFFICER/CO-OWNER

BONAVISTA CREATIVE/BONAVISTA LIVING

Jim Gillis
CO-OWNER
LIVESTOR LTD.

1:15pm - 1:45pm

Networking Break

4:30pm - 5:00pm

Wrap up

1:45pm - 2:30pm

Innovative Emerging Businesses

David Burton

PRESIDENT, CO-FOUNDER

THE HEADLAND CULTIVATION COMPANY INC.

Stéphane Sogne

CHIEF TECHNOLOGY OFFICER

HYDROTRONIKS

Loi Burke

EXECUTIVE DIRECTOR

CAPE BRETON CENTRE FOR CRAFT AND DESIGN

5:00pm - 6:00pm

Break

6:00pm - 7:00pm

Networking Reception
HIGHLAND SITTING ROOM

7:00pm - 8:30pm

Dinner & Impact Awards Presentation
PURPLE THISTLE DINING ROOM



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

TRAVEL EXPENSE CLAIM

Rate \$0.4415

Name of Claimant:	Kent MacIntyre
Destination:	Cape Breton University
Purpose of Travel:	Meeting – Wardens, CAOs', Chiefs' & University Senior Mgmt
Departure Date/Time:	2018-10- 10 23
Return Date/Time:	October 10, 2018 23
Approval to Travel	<i>attached</i> Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	131.00					131.00
Total Cost of Mileage:	\$0.44	\$57.84	\$0.00	\$0.00	\$0.00	\$57.84
Accommodation/Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
Meals: Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
Total Amount Being Claimed	\$57.84	\$0.00	\$0.00	\$0.00	\$0.00	\$57.84

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 _____

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

Claimant Signature: *Kent MacIntyre*

Date Submitted: Oct 25 / 2018

Travel Approved by Supervisor: *[Signature]*

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: Acct. No. <u>10.2.12.2120.2121</u>	<u>30</u>

HST 3



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4415**

Name of Claimant:	Kent MacIntyre
Destination:	Cape Breton University
Purpose of Travel:	Meeting – Wardens, Mayors, Chiefs, and CAO's
Departure Date/Time:	2018-10-23
Return Date/Time:	October 23, 2018

Approval to Travel Brian Marchand Date: Oct 9/2018

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
Accommodation/Hotel Name:						\$0.00
(Indicate if Direct Bill or Provide Receipt)						
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: _____



October 4, 2018

Mr. Kent MacIntyre
Chief Administrative Officer
Municipality of Richmond County
2357 Highway 206
PO Box 120
Arichat, Nova Scotia B0E 1A0

Dear Mr. MacIntyre,

As you are likely aware, during the past several months, Cape Breton University has been engaged in a strategic planning process which will culminate in late October when the proposed Strategic Plan will be presented to the University's Board of Governors. This represents the first time in 20 years that the University will have developed such a strategic document, one that promises to guide our efforts in the coming years as we further develop Cape Breton Island's University and strive to enhance our contributions to the communities of the Island. It is with this later point in mind that I write to you today.

During the last few months, my colleagues and I have held a number of community consultation sessions in various regions throughout Cape Breton. These sessions provided an opportunity for us to learn more about the issues and opportunities in our communities. As part of the dialog, we also asked, "What could Cape Breton University do to assist communities?" The responses were very insightful and provided much for us to reflect upon. However, my commitment is to ensure we action, as well as reflect upon, what we have heard from our various internal and external stakeholders where action is warranted and possible.

One constant theme we heard from many of our communities was a desire that the communities of Cape Breton Island work together in a more integrated manner to pursue areas of common interest for the development of our region. The theme was one of working together to pursue an aggressive and well-designed prosperity strategy. There was also a repeated suggestion that Cape Breton University should assume a role in trying to rally our community leaders in developing and pursuing such a strategy.

.../2

As President of the University, I feel a sense of obligation to respond to this clear message from the communities and explore with you, and other community leaders, the merits in such a suggestion. I hope you too will feel this shared level of responsibility and you will agree to join me, and your colleagues, on **Tuesday, October 23, 2018**, when I will host a meeting of Chiefs, Wardens, and Mayors, from Cape Breton communities, along with their CEO's, in the **Verschuren Centre Boardroom (CS101)**, on our campus. The meeting will start at **10:00 AM** and is expected to end by **2:00 PM** with an agenda that focuses upon the development of an integrated prosperity agenda for our Island.

In order that we might arrange meeting logistics, including lunch, I would be grateful if you might RSVP to Ramona Lewis at ramona_lewis@cbu.ca or (902) 563-1393, by **October 16**, as to your availability for the meeting.

Thank you for considering this request. I look forward to working with you on this important initiative.

Yours very truly,



David C. Dingwall

DCD/rl



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4415**

Name of Claimant:	Kent MacIntyre
Destination:	Port Hawkesbury Civic Centre
Purpose of Travel:	Housing Think Tank
Departure Date/Time:	24-Oct-18
Return Date/Time:	October 24, 2018

Approval to Travel *Attached* Date: _____

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 87.00	87.00					87.00
Total Cost of Mileage: \$0.44	\$38.41	\$0.00	\$0.00	\$0.00	\$0.00	\$38.41
Accommodation/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	\$38.41	\$0.00	\$0.00	\$0.00	\$0.00	\$38.41

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 _____

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

Claimant Signature: *Kent MacIntyre*
 Date Submitted: Oct. 25 / 2018
 Travel Approved by Supervisor: *[Signature]*
 GL Code: _____

Goods Rec'd. Date.....	Initial.....	<u>R</u>
Prices Checked.....		<u>R</u>
Add. & Ext. Checked.....		<u>R</u>
Approval for Payment.....		<u>R</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 212 2120 212130</u>		HST 3



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

TRAVEL EXPENSE CLAIM

Rate \$0.4415

Name of Claimant:	Kent MacIntyre
Destination:	Port Hawkesbury Civic Centre
Purpose of Travel:	Housing Think Tank
Departure Date/Time:	2018-10-24
Return Date/Time:	October 24, 2018

Approval to Travel Brian Marchand Date: Oct 9/2018

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
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)

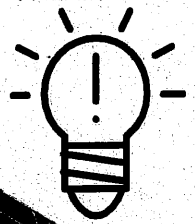
Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

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:	_____

Community Think Tank Housing Matters



By Invitation Join the Discussion

Come to learn more about and discuss how adequate, safe and affordable housing affects people on our communities.

The goals of the day are:

- To share information and energize people around issues of housing insecurity and affordable housing options.
- To create a forum for discussion and sharing ideas.
- To identify community partners who want to help build solutions.

Wednesday, October 24, 2018

9:00 am to 3pm

Port Hawkesbury Civic Centre, Bear Head Room
Refreshments & Lunch Provided



Agenda for the day

9:00 am Check In and Coffee

9:30 Welcome and Greetings

9:45 am to 10:00 - Dr. Daniela Kempkens, Nova Scotia Health Authority, Eastern Zone, Public Health.
How adequate, safe and affordable housing affects people in our communities.

10:00 to 10:30- Stephan Richard, Director, Community Relations. Housing Nova Scotia
Working Together to increase access to affordable housing in Nova Scotia

10:30 to 10:45 Break

10:45 to 12:00 - How Other Communities Have Responded

12:00 to 12:45 Lunch Provided

12:45 to 1:45
Who is most impacted in our communities?

1:45 to 2:45
Exploring Opportunities, Finding Solutions

2:45 Wrap Up
Where do we go from here?

Port Hawkesbury
SPORTS, PETS & ARTS



nova scotia
health authority



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4415**

Name of Claimant:	Kent MacIntyre
Destination:	Baddeck, Nova Scotia
Purpose of Travel:	AMA Conference
Departure Date/Time:	16-Oct-18
Return Date/Time:	October 19, 2018

Approval to Travel *attached* Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	236.00	118.00		118.00		236.00
Total Cost of Mileage:	\$0.44	\$52.10	\$0.00	\$0.00	\$52.10	\$104.19
Accommodation/Hotel Name:						
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20		\$20.00	\$20.00	\$20.00		\$60.00
Lunch \$25				\$25.00		\$25.00
Dinner \$30	\$30.00					\$30.00
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
Total Amount Being Claimed	\$92.10	\$30.00	\$30.00	\$97.10	\$0.00	\$249.19

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 _____

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

Claimant Signature: *[Signature]*
 Date Submitted: *Oct. 25/2018*
 Travel Approved by Supervisor: *[Signature]*
 GL Code: _____

Goods Rec'd. Date.....	Initial.....	<i>P</i>
Prices Checked.....		<i>P</i>
Add. & Ext. Checked.....		<i>P</i>
Approval for Payment.....		<i>P</i>
Disput Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....		<i>1155 3</i>

10.21.2018



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

TRAVEL EXPENSE CLAIM

Rate \$0.4415

Name of Claimant:	Kent MacIntyre
Destination:	Baddeck, Nova Scotia
Purpose of Travel:	Association of Municipal Administrators Conference
Departure Date/Time:	2018-10-16
Return Date/Time:	October 19, 2018

Approval to Travel Brian Marchand Date: Oct 9/2018

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
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: _____

Note: You will get an email with this information.

Registration Information

Name:
 Organization Name:
 Name for Name Tag:
 Position:
 Address:
 City:
 Province:
 Postal Code:
 Phone:
 Email:
 First AMA Conference:

KENT MACINTYRE
Municipality of Richmond County
KENT MACINTYRE
Chief Administrative Officer
2357 Hwy 206
Arichat
NS
B0E 1A0
902-226-3971
yboudreau@richmondcounty.ca
NO

Conference Fees and Sessions

Delegate Type:
 Dietary Restrictions:

Member
Allergy to Lobster and Scallops

Wednesday, October 17, 2018

Morning Fun Run:
 Night Activity:
 Night Baddeck Dinner:
 Main Course:
 Thursday Dinner:
 Extra Ticket for Thursday Dinner (\$50):
 Extra Dietary Restrictions:

NO
Option 2: Archery
Group A: 5:30pm seating
Strip Loin Steak
YES
NO
None

Payment Information

Sub Total:
 15% HST #124731324RT0001:
 Total:
 Date Registered:

\$512.83
\$76.92
\$589.75
2018-08-15 05:13:17

Hide registration details ▲

PAYMENT OPTIONS

- 1. Secure on-line payment using VISA or MasterCard

PAY ONLINE



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

[Handwritten signature]
 11/5/18
 3

- 2. Send a Cheque

Make Cheque payable to: **Association of Municipal Administrators, NS**

Mail to:
1809 Barrington St.

Inverary Resort & Ceilidh Country Lodge

P.O. Box 190
 369 Shore Road
 Baddeck, Nova Scotia
 B0E 1B0

Telephone: 902 295 3500 Fax: 902-295-3527

Kent MacIntyre ARICHAT
 2357 Hwy 206
 Arichat
 Nova Scotia
 B0E 1A0

Page # 1 Inv.# 1810190021
 Res. # 360957
 Checked in Tue Oct 16/18 - 3:49pm
 Checked out Fri Oct 19/18 - 12:00pm
 Nights 3
 Room Rate 135.00
 Promo Code
 Room 015

Group: A M A N S

Date	Description	Reference	Charges	Credits
Oct16	Grp codes		135.00	
Oct16	CB Island Marketing Levy		2.70	
Oct16	HST		20.66	
Oct17	Grp codes		135.00	
Oct17	CB Island Marketing Levy		2.70	
Oct17	HST		20.66	
Oct18	Grp codes		135.00	
Oct18	CB Island Marketing Levy		2.70	
Oct18	HST		20.66	
Oct19	INVOICE BALANCE OUTSTANDING			475.08
Total Outstanding this Invoice			475.08	475.08

Municipality of Richmond Co.
 P.O. Box 120
 Arichat
 Nova Scotia B0E 1A0

Please issue payment to: Inverary Resort.
 PO Box 190
 Baddeck, NS
 B0E 1B0

Our H.S.T. # is 102520731

Charge Summary:
 HST 61.98

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 21.20 21.21 30	

HST 3

AMANS Fall Conference At-A-Glance Program

Tuesday October 16, 2018		
Event	Time	Location
CAO Session	4:30 p.m. – 6:30 p.m.	Glasgow 1
Registration	7:00 p.m. – 10:00 p.m.	Lakeside Lodge
Opening Reception	7:00 p.m. – 10:00 p.m.	Lakeside Lodge

Wednesday October 17, 2018		
Event	Time	Location
Fun Run	Meet at 6:45 a.m.	Outside Lakeside Lodge
Early Bird Draws	8:00 a.m. – 8:30 a.m.	Lakeside Lodge
Registration	8:00 a.m. – 10:00 a.m.	Lakeside Lodge
Opening Ceremonies	8:30 a.m. – 9:00 a.m.	MacAulay Centre
Keynote: Solving the People Puzzle <i>presented by: JJ Brun</i>	9:00 a.m. – 10:30 a.m.	MacAulay Centre
Refreshment Break	10:30 a.m. – 11:00 a.m.	Lakeside Lodge
Plenary: Maximizing Regional Opportunities Portage La Prairie Collaboration Success <i>presented by: Nettie Neudorf CAO for RM Portage La Prairie & Nathan Peto City Manager for City of Portage La Prairie</i>	11:00 a.m. – 12:30 p.m.	MacAulay Centre
Lunch / Wellness Awards	12:30 p.m. – 1:20 p.m.	MacAulay Centre
Plenary: A Burning Issue: Marijuana in the Workplace <i>presented by: Rick Dunlop, Partner, Stewart McKelvey</i>	1:20 p.m. – 2:20 p.m.	MacAulay Centre
Small Afternoon Break	2:20 p.m. – 2:35 p.m.	MacAulay Centre
Plenary: Provincial Round Table	2:35 p.m. – 4:00 p.m.	MacAulay Centre
Offsite Activities:		
Amoeba Sailing Tour (\$20) <i>registration required</i>	4:00 p.m.	Wharf on Jones Street
Archery (\$20) <i>registration required</i>	4:00 p.m.	Baddeck Curling Club
GROUP A: Baddeck Lobster Supper	5:30 p.m.	17 Ross Street, Baddeck NS
GROUP B: Baddeck Lobster Supper	7:30 p.m.	17 Ross Street, Baddeck NS

Thursday October 18, 2018		
Event	Time	Location
Early Bird Draws	8:00 a.m. – 8:30 a.m.	Lakeside Lodge
Registration	8:00 a.m. – 9:00 a.m.	Lakeside Lodge
Plenary: First Nations Reconciliation Workshop	8:30 a.m. – 10:00 a.m.	MacAulay Centre
Morning Break	10:00 a.m. – 10:30 a.m.	Lakeside Lodge

Annual General Meeting	10:30 a.m. – 11:10 a.m.	MacAulay Centre
Concurrent Session: Importance of Ergonomics <i>presented by: Pamela Dempster, Founder & Senior Health/Wellness Specialist</i>	11:10 a.m. – 12:10 p.m.	Glasgow House
Concurrent Session: Addressing the Housing Shortage with Innovation <i>presented by: Patrick Austin, Economic Development Officer for Victoria County, more presenters to come</i>	11:10 a.m. – 12:10 p.m.	MacAulay Centre
Exhibitor Luncheon	12:10 p.m. – 1:10 p.m.	MacAulay Centre
Presenting Sponsor	1:10 p.m. – 1:40 p.m.	MacAulay Centre
Plenary: Accessibility Framework <i>presented by: Gerry Post, Executive Director, Accessibility Secretariat</i>	1:40 p.m. – 2:40 p.m.	MacAulay Centre
Afternoon Break	2:40 p.m. – 3:10 p.m.	Lakeside Lodge
Concurrent Session: Awareness and Importance of Eating Local <i>presented by: Alicia Lake and Jim Mustard with the Cape Breton Food Hub</i>	3:10 p.m. – 4:10 p.m.	MacAulay Centre
Concurrent Session: Unconscious Bias in the Workplace & Community <i>presented by: Barb Miller Nix and Ann Divine, CEO of Ashanti Leadership & Professional Development</i>	3:10 p.m. – 4:10 p.m.	Glasgow House
President's Reception	6:00 p.m.	MacAulay Centre
President's Banquet	6:30 p.m. – 8:30 p.m.	MacAulay Centre
Ceilidh / Hospitality Suite	8:30 p.m. – 11:30 p.m.	Lakeside Lodge

Friday October 19, 2018

Event	Time	Location
Early Bird Draws	8:00 a.m. – 8:30 a.m.	Lakeside Lodge
Plenary Session: Leveraging Collective Strength, Local Initiatives <i>presented by: David Muise, Director of Information Technology MJSB and Mike Carter, Fire Services Coordinator, Cumberland County</i>	8:30 a.m. – 9:30 a.m.	MacAulay Centre
Small Morning Break	9:30 a.m. – 9:45 a.m.	MacAulay Centre
Keynote: Humour in the Workplace <i>presented by: Michael Kerr</i>	9:45 a.m. – 11:15 a.m.	MacAulay Centre
Grand Prize Draw	11:15 a.m.	MacAulay Centre

Municipality of the County of Richmond - September 2018		
Meetings Held:		67 kms
Date:	Meeting:	Jason MacLean
September-10-18	COW	1
September-12-18	Strategic Planning	1
September 17, 2018	Village Commission	1
September 24, 2018	Council	1
Total # of Meetings Attended:		4
x kms/trip (return):		67
Total Mileage (kms):		268
Rate		0.4415
Total Owed		\$118.32

Jan

HSF 3

Goods Rec'd. Date.....	Initial.....
Prices Checked.....
Add. & Ext. Checked.....
Approval for Payment.....
Discount Date.....
Paid by Cheque No.	
Distribution: Acc't. No. 10210210130	



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

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

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury PHCC
Purpose of Travel:	SAT Board Meeting
Departure Date/Time:	Oct 31-2018 - 8:30AM
Return Date/Time:	Oct 31-2018 - 12:05 PM
Approval to Travel	<i>[Signature]</i> Date: <i>attached</i>

Description	Day 1						Total
Mileage: # of Km 56 KM	\$ 24.72						\$ 24.72
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	\$ 24.72						\$ 24.72

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: Oct 31/2018

Travel Approved by Supervisor: [Signature]

GL Code: _____

Goods Rec'd. Date.....	Initial.....	<u>B</u>
Prices Checked.....		<u>B</u>
Add. & Ext. Checked.....		<u>B</u>
Approval for Payment.....		<u>B</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No/	<u>10 210 2110 2101</u>	<u>30</u>



Strait Area Transit Board Meeting

October 31st, 2018, Civic Centre 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) CTAP
- 9) Policy – Healthcare

- 10) Additional items: a
 b
 c
 d
- 11) Adjournment

Next meeting:



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

MUNICIPALITY OF THE COUNTY OF RICHMOND
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	CBU Boardmore Theatre
Purpose of Travel:	Cape Breton University Installation of Dave Dingwall
Departure Date/Time:	Oct 23-2018 - 8:00 AM
Return Date/Time:	Oct 23-2018 4:00 PM
Approval to Travel	<i>[Signature]</i> Date: <i>Oct. 20/2018</i>

Description	Day 1						Total
Mileage: # of Km 240 KM	\$ 105.96						\$ 105.96
Accommodation:							
Hotel Name:							
(Indicate if Direct Bill or Provide Receipt)							\$ -
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	\$ 105.96						\$ 105.96

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: Oct 31/2018

Travel Approved by Supervisor: [Signature] Nov. 6/2018

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> 151
Discount Date.....		3
Paid by Cheque No.....		
Distribution: Acc't. No. <u>1021021002101</u>		10

From: kmacintyre@richmondcounty.ca
Subject: Re: Meeting with Dave Dingwall
Date: Oct 22, 2018 at 8:07:44 PM
To: Brian brianmarchand@hotmail.com

Yes.

Kent

Sent from my iPhone

On Oct 22, 2018, at 8:06 PM, Brian <brianmarchand@hotmail.com> wrote:

Seeking permission to travel to Sydney to meet with Dave Dingwall on Oct 23-2018?

Thanks.

Brian

--

If this email is spam, please report it to

https://support.onlymyemail.com/view/report_spam/

[MjgwNzY1OjlxMjk2NTYyNTI6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5jYTpkZWxpdmVyZWQ](https://support.onlymyemail.com/view/report_spam/MjgwNzY1OjlxMjk2NTYyNTI6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5jYTpkZWxpdmVyZWQ)

Agenda

1. Overview of Island Demographics
2. Opportunities
3. Follow-up Discussion & Next Steps





MUNICIPALITY OF THE COUNTY OF RICHMOND
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury PHCC
Purpose of Travel:	Meeting to Discuss Housing Issues
Departure Date/Time:	Oct 24-2018 - 8:30 AM
Return Date/Time:	Oct 24-2018 - 4:00 PM
Approval to Travel	<i>[Signature]</i> Date: <i>Oct. 20/2018</i>

Description	Day 1					Total
Mileage: # of Km 56 KM	\$ 24.72					\$ 24.72
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	\$ 24.72					\$ 24.72

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

Meeting with Celeste, Town of Port Hawkesbury & others to discuss Affordable Housing Conference

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

Claimant Signature: *Brian Marchand*

Date: *Oct 31/2018*

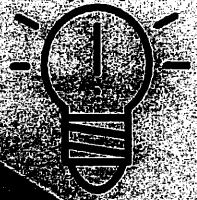
Travel Approved by Supervisor: *[Signature]* *Nov 6/2018*

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 210</i>		<i>130</i>

HST 3

community think-tank
Housing Matters



By Invitation Join the Discussion

Come to learn more about and discuss how adequate, safe and affordable housing affects people on our communities.

The goals of the day are:

- To share information and energize people around issues of housing insecurity and affordable housing options.
- To create a forum for discussion and sharing ideas.
- To identify community partners who want to help build solutions.

Wednesday, October 24, 2018

9:00 am to 3pm

Port Hawkesbury Civic Centre, Bear Head Room
Refreshments & Lunch Provided



Agenda for the day

9:00 am Check In and Coffee

9:30 Welcome and Greetings

9:45 am to 10:00 - Dr. Daniela Kempkens, Nova Scotia Health Authority, Eastern Zone, Public Health.
How adequate, safe and affordable housing affects people in our communities.

10:00 to 10:30- Stephan Richard, Director, Community Relations. Housing Nova Scotia.
Working Together to increase access to affordable housing in Nova Scotia

10:30 to 10:45 Break

10:45 to 12:00 - How Other Communities Have Responded

12:00 to 12:45 Lunch Provided

12:45 to 1:45
Who is most impacted in our communities?

1:45 to 2:45
Exploring Opportunities, Finding Solutions

2:45 Wrap Up
Where do we go from here?

Port Hawkesbury
OPPORTUNITIES AWAIT



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

nova scotia
health authority



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTE DE

RICHMOND

OF THE COUNTY OF RICHMOND MUNICIPALITY TRAVEL

EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Halifax - Halifax Waterfront Marriott
Purpose of Travel:	PHP Forestry Meeting
Departure Date/Time:	Sept 25-2018 - 2:00 PM
Return Date/Time:	Sept 26-2018 - 3:00 PM
Approval to Travel	<i>attached</i> Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 606 KM	\$ 133.77	\$ 133.77				\$ 267.55
Accommodation: Hotel Name: XXXXXX <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$ -
Meals: Breakfast \$20						\$ -
Lunch \$25		25.00				\$ 25.00
Dinner \$30	\$ 30.00					\$ 30.00
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)	\$ 10.00					\$ 10.00
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 173.77	\$ 158.77	\$ -	\$ -	\$ -	\$ 332.55

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

Breakfast Meeting with Provincial Ministers and Forestry NS Personnel

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

Claimant Signature: Brian Marchand

Date: Oct 19/2018

Travel Approved by Supervisor: [Signature]

GL Code: _____

Goods Rec'd. Date.....	Initial.....	<u>BM</u>
Prices Checked.....		<u>BM</u>
Add. & Ext. Checked.....		<u>BM</u>
Approval for Payment.....		<u>BM</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <u>10 210 2110 21011</u>		<u>0</u>

HST 3

From: kmacintyre@richmondcounty.ca
Subject: Re: Permission
Date: Sep 24, 2018 at 10:17:15 PM
To: Brian brianmarchand@hotmail.com

Yes.

Kent

Sent from my iPhone

On Sep 24, 2018, at 9:20 PM, Brian <brianmarchand@hotmail.com> wrote:

Requesting permission to attend the PHP reception in Halifax on Sept 26-2018?

Thanks.

Brian

--

If this email is spam, please report it to

https://support.onlymyemail.com/view/report_spam/

[MjgwNzY1OjlxMjM2NjMxMzE6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5j](https://support.onlymyemail.com/view/report_spam/MjgwNzY1OjlxMjM2NjMxMzE6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5j)

[YTpkZWxpdmVyZWQ](https://support.onlymyemail.com/view/report_spam/YTpkZWxpdmVyZWQ)

Premiere Suites - Atlantic
 250 Brownlow Avenue, Suite 19
 Dartmouth NS B3B 1W9
 902-420-1333
 psaaccounting@premieresuites.com
 www.premieresuites.com

Invoice



INVOICE TO
Federal Government

INVOICE #	DATE	TOTAL DUE	DUE DATE	ENCLOSED
5145371	2018-09-25	\$0.00	2018-09-25	

GUEST NAME
 Brian Marchand

PAYMENT METHOD
 Credit Card

QTY	ACTIVITY	RATE	TAX	AMOUNT
1	Rent from September 25 2018 to September 26 2018	154.00	HST NSR	154.00
1	HOLH1583-248	15.00	HST NSC	15.00
1	Tourism Tax - 2%	3.08	HST NSR	3.08

PAID

Reservation ID: PR-ATLA-201809130940 : Brian Marchand
 Reserved By: Yvonne Boudreau
 Arrival Date: (C)9/25/2018
 Departure Date: (C)9/26/2018
 Suite ID: HOLH1583-316
 Suite Address: 1583 Hollis Street, Halifax,
 Sales Person: Gary Murphy
 Terms: CreditCard -

SUBTOTAL	172.08
HST @ 15%	23.56
HST @ 15%	2.25
TOTAL	197.89
PAYMENT	197.89
BALANCE DUE	\$0.00

HST# 868912478RT0001

Thank you for choosing Premiere Suites
 Life's too big for a hotel room.

2% per month charge compounded on all late payments



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:	Port Hawkesbury PHCC
Purpose of Travel:	Meeting with Group to Discuss Affordable Housing
Departure Date/Time:	Oct 1-2018 - 5:00 PM
Return Date/Time:	Oct 1-2018 - 8:00 PM
Approval to Travel	<i>attached</i> Date:

Description	Day 1						Total
Mileage: # of Km 56 KM	\$ 24.72						\$ 24.72
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	\$ 24.72						\$ 24.72

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

Meeting with Celeste, Town of Port Hawkesbury & others to discuss Affordable Housing Conference

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

Claimant Signature: Brian Marchand

Date: Oct 9/2018

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 2110 210 110</u>	

HST 3

From: kmacintyre@richmondcounty.ca
Subject: Re: Meeting with Celeste
Date: Sep 27, 2018 at 10:25:21 PM
To: Brian brianmarchand@hotmail.com

Yes.

Kent

Sent from my iPhone

On Sep 27, 2018, at 7:55 PM, Brian <brianmarchand@hotmail.com> wrote:

Looking for permission to attend meeting with Celeste in Port Hawkebury on Monday Oct 1-2018?

Thanks.

Brian

--

If this email is spam, please report it to

https://support.onlymyemail.com/view/report_spam/

[MjgwNzY1OjlxMjQ0NjE3Mjk6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5jY](https://support.onlymyemail.com/view/report_spam/MjgwNzY1OjlxMjQ0NjE3Mjk6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5jY)

[TpkZWxpdmVyZWQ](https://support.onlymyemail.com/view/report_spam/MjgwNzY1OjlxMjQ0NjE3Mjk6a21hY2ludHlyZUByaWNobW9uZGNvdW50eS5jY)



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:	Keltic Lodge
Purpose of Travel:	Investor Summit
Departure Date/Time:	Oct 4-2018 - 6:30 AM
Return Date/Time:	Oct 5-2018 - 9:00 AM
Approval to Travel	<i>attached</i> Date:

Description	Oct 4-18	Oct 5-18					Total
Mileage: # of Km 436 KM	\$ 96.25	\$ 96.25					\$ 192.49
Accommodation: Hotel Name: Keltic Lodge <i>(Indicate if Direct Bill or Provide Receipt)</i>	\$ 160.29						\$ 160.29
Meals: Breakfast \$20		\$ 20.00					\$ 20.00
Lunch \$25	\$ 25.00						\$ 25.00
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)	\$ 10.00						\$ 10.00
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 291.54						\$ 407.78

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>Oct 19 2018</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>BM</i>
Prices Checked.....		<i>BM</i>
Add. & Ext. Checked.....		<i>BM</i>
Approval for Payment.....		<i>BM</i> HST 3
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10 210 2110 210110</i>	

From: kmacintyre@richmondcounty.ca
Subject: Re: Investor Summit
Date: Oct 3, 2018 at 11:45:33 PM
To: Brian brianmarchand@hotmail.com

Yes.

Kent

Sent from my iPhone

On Oct 3, 2018, at 9:04 PM, Brian <brianmarchand@hotmail.com> wrote:

Looking for permission to attend the Investor Summit at the Keltic Lodge on Oct 4th?

Thanks.

Brian

--
If this email is spam, please report it to

https://support.onlymyemail.com/view/report_spam/MjgwNzY1OjlxMjU3NDE0ODg6a21hY2ludHlyZUByaWNobW9uZG9vZGV5ZWQ5YU5jYTpkZWxpdmVyZWQ

PRESENTING SPONSOR



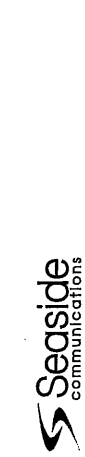
GALA DINNER SPONSOR



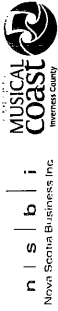
PANEL PRESENTATION SPONSORS



SPOTLIGHT PRESENTATION SPONSOR



NETWORKING RECEPTION SPONSORS



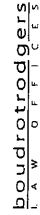
IMPACT AWARDS SPONSORS



NUTRITION BREAK SPONSORS



CHANGE MAKER SPONSORS



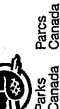
EVENT SUPPORTERS



CAPE BRETON PARTNERSHIP INVESTOR SUMMIT

THURSDAY, OCTOBER 4, 2018
KELTIC LODGE AT THE HIGHLANDS

Cape Breton
Partnership



Brian Marchand

Page # 1
Res. # 118261
Checked in Thu Oct 4/18 - 1:32pm
Checked out Fri Oct 5/18 - 5:05am
Nights 1
Room Rate 137.00
Room 508

Group: CB Partnership

Date	Description	Reference	Charges	Credits
Oct04	Group Rate		137.00	
Oct04	Levy		2.38	
Oct04	HST on Accommodation		18.21	
Oct04	HST		2.70	
Oct05	PAID BY VISA - Thank you			160.29
	Total Outstanding	0.00	160.29	160.29

Thank you for visiting The Keltic Lodge Resort and Spa.

Our H.S.T. # is 830604013

Charge Summary:

HST 2.70
HST on Accommodation 18.21

Municipality of the County of Richmond - September 2018		
Meetings Held:		14 km
Date:	Meeting: Alvin Martell	
September-10-18	COW	1
September-12-18	Strategic Planning	1
September 17, 2018	Village Commission	1
September 24, 2018	Council	1
Total # of Meetings Attended:		4
x kms/trip (return):		14
Total Mileage (kms):		56
Rate		0.4415
Total Owed		\$24.72

Alvin Martell

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. 10 210 210 130

HST 3



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

NAME: Carla Martell

PERIOD COVERED: October 2018

FROM: October 17, 2018 TO: October 26, 2018

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
October 17, 2018	Travel to St. Peter's - Fire Services Meeting	71.00	
October 26, 2018	Travel to Louisdale Water Treatment plant	36.00	

Goods Rec'd. Date.....Initial.....
 Prices Checked.....
 Add. & Ext. Checked.....
 Approval for Payment.....
 Discount Date.....
 Paid by Cheque No.....
 Distribution: Acc't. No. 10-242-3070-24211A

Totals: 107.00 \$0.00
 Rate: \$0.4415
 Total Mileage (\$): \$47.24

Total Expenses Claimed: **\$47.24**

ACCOUNT #:	10-242-3070-242110	CHEQUE #:	
SIGNATURE:	<i>Carla Martell</i>	AMOUNT:	
APPROVED:	<i>Chris Sanderson</i>	DATE PAID:	
DATE SUBMITTED:	<i>Nov 5/18</i>	INITIAL:	



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

TRAVEL EXPENSE CLAIM Rate \$0.4415

Name of Claimant:	JASON MARTELL
Destination:	BADDECK, NS
Purpose of Travel:	AMA FALL CONFERENCE
Departure Date/Time:	TUESDAY, OCTOBER 16TH, 2018 - 1PM
Return Date/Time:	FRIDAY, OCTOBER 19TH, 2018 2PM
Approval to Travel	Date: <u>Sept. 14 / 2018</u>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 239.40	119.70			119.70		239.40
Total Cost of Mileage: \$105.70	\$52.85	\$0.00	\$0.00	\$52.85	\$0.00	\$105.70
Accommodation/Hotel Name:						\$0.00
(Indicate if <u>Direct Bill</u> or Provide Receipt) <u>In temporary lod.</u>						
Meals: Breakfast \$20		\$20.00	\$20.00	\$20.00		\$60.00
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	\$10.00			\$30.00
Taxi/Parking/Tolls (Receipts Required) -Course Fee						\$0.00
Total Amount Being Claimed	\$92.85	\$30.00	\$30.00	\$97.85	\$0.00	\$250.70

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 JM N/A _____

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

Claimant Signature: Jason Martell

Date Submitted: OCTOBER 28RD, 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>10 212 2120 2121</u>		<u>30</u>



REGISTRATION: AMANS Fall Conference 2018 - Leveraging Our Collective Strength to Put Our Best Feet Forward - October 16 - 19, 2018

registrations

to:

yboudreau

15/08/2018 11:31 AM

Cc:

registrations

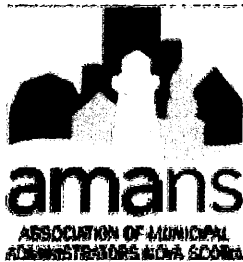
Hide Details

From: registrations@civicinfo.bc.ca

To: yboudreau@richmondcounty.ca

Cc: registrations@civicinfo.bc.ca

History: This message has been forwarded.



Thank you for registering for

AMANS Fall Conference 2018 - Leveraging Our Collective Strength to Put Our Best Feet Forward - October 16 - 19, 2018.

This is an automated response, detailing the information we have received from you. You do not need to reply to this e-mail.

If paying by cheque, please send cheque with a copy of this confirmation payable to **Association of Municipal Administrators, NS**

Mail to: **1809 Barrington St.**

Suite 1304

Halifax, NS

B3J 3K8.

<p>Contact Andrea Jeffs 902-423-2215 ajeffs@amans.ca</p> <p>When October 16 - 19, 2018</p> <p>Where Inverary Inn 368 Shore Road Baddeck, NS View map</p> <p>Share Share this event on Facebook Tweet that you are attending</p> <p>Remember Save to Outlook Calendar</p>	<p>Registration Information</p> <p>Name: JASON MARTELL Organization Name: Municipality of Richmond County Name for Name Tag: JASON MARTELL Position: Chief Financial Officer Address: 2357 Hwy 206 City: Arichat Province: NS Postal Code: BOE 1A0 Phone: 902-226-3971 Email: yboudreau@richmondcounty.ca First AMA Conference: NO</p> <p>Conference Fees and Sessions</p> <p>Delegate Type: Member Dietary Restrictions: None</p> <p>Wednesday, October 17, 2018</p> <p>Morning Fun Run: NO</p>
---	--

Night Activity:	No Thanks
Night Baddeck Dinner:	Group A: 5:30pm seating
Main Course:	Strip Loin Steak
Thursday Dinner:	YES
Extra Ticket for Thursday Dinner (\$50):	NO
Extra Dietary Restrictions:	None
Payment Information	
Sub Total:	\$492.83
15% HST #124731324RT0001:	\$73.92
Total:	\$566.75
Date Registered:	2018-08-15 07:31:43

[Click here to Review Payment Status or Pay with your Credit Card](#)

To request a refund for this event, or to request changes to your registration details, [click here](#).

PLEASE NOTE THAT IF YOU PAY ON-LINE, THE CHARGE WILL APPEAR ON YOUR STATEMENT AS BEING FROM **CIVICINFO-AMANS-FALL-18**.



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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 21213 0

[Handwritten signature and initials]

Inverary Resort & Ceilidh Country Lodge

P.O. Box 190
 369 Shore Road
 Baddeck, Nova Scotia
 B0E 1B0

Telephone: 902 295 3500 Fax: 902-295-3527

Jason Martell
 2357 Hwy 206
 Arichat
 Nova Scotia
 B0E 1A0

Page # 1 Inv.# 1810260002
 Res. # 374772
 Checked in Fri Oct 26/18 - 10:00am
 Checked out Fri Oct 26/18 - 10:03am
 Nights 0
 Room Rate 0.00
 Promo Code
 Room ZH11

Date	Description	Reference	Charges	Credits
Oct26	Room Group	AMANS Oct 16	135.00	
Oct26	CB Island Marketing Levy	AMANS Oct 16	2.70	
Oct26	HST	AMANS Oct 16	20.66	
Oct26	Room Group	AMANS Oct 17	135.00	
Oct26	CB Island Marketing Levy	AMANS Oct 17	2.70	
Oct26	HST	AMANS Oct 17	20.66	
Oct26	Room Group	AMANS Oct 18	135.00	
Oct26	CB Island Marketing Levy	AMANS Oct 18	2.70	
Oct26	HST	AMANS Oct 18	20.66	
Oct26	INVOICE BALANCE OUTSTANDING			475.08

Total Outstanding this Invoice 475.08

475.08

475.08

Municipality of Richmond Co.
 P.O. Box 120
 Arichat
 Nova Scotia B0E 1A0

Please issue payment to: Inverary Resort
 PO Box 190
 Baddeck, NS
 B0E 1B0

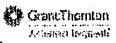
our H.S.T. # is 102520731

Charge Summary:
 HST 61.98

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

[Handwritten Signature]
 HST 3




Tuesday October 16, 2018

Time	Program	Location
7:00 p.m.— 10:00 p.m.	Opening Reception <i>with Eddie Cummings</i> 	Lakeside Lodge

Wednesday October 17, 2018

Time	Program	Location
6:45 a.m.	Morning Fun Run	Meet outside Lakeside Lodge
8:00 a.m.	Coffee & Early Bird Draws	Lakeside Lodge
8:30 a.m.	Opening Ceremonies	MacAulay Centre
9:00 a.m.	Keynote Address <i>Solving the People Puzzle with JJ Brun</i> 	MacAulay Centre
10:30 a.m.	Refreshment Break 	Lakeside Lodge
11:00 a.m.	Maximizing Regional Opportunities—Portage La Prairie Collaboration Success 	MacAulay Centre

Wednesday October 17, 2018 (continued)

Time	Program	Location
12:30 p.m.	 Lunch, Wellness Presentation & Awards	MacAulay Centre
1:20 p.m.	Concurrent Session A) Managing Your Message B) Burning Issue: Marijuana in the Workplace	Glasgow House MacAulay Centre
2:20 p.m.	Refreshment Break 	Lakeside Lodge
2:35 p.m.	 Provincial Round Table	MacAulay Centre
4:00 p.m.	Offsite Activities (registration was required): A) Amoeba Sailing Tour B) Archery	<u>Sailing Tour</u> : walk to Wharf on Jones Street <u>Archery</u> : walk to 20 Campbell Street (Curling Club)





Wednesday October 17, 2018 (continued)

Time	Program	Location
4:00 p.m.	Other Offsite Activities (no registration required) A) Uisge Ban Falls B) Alexander Graham Bell Museum	These activities are completed on your own. <u>Falls:</u> 715 North Branch Road <u>Museum:</u> 559 Chebucto Street
6:00 p.m.	Baddeck Supper	MacAulay Centre
8:00 p.m.— 10:00 p.m.	Baddeck Kitchen Party <i>with Colin Gillis & Brian Cathcart from Pretty Archie</i>	MacAulay Centre

Thursday October 18, 2018

Time	Program	Location
8:00 a.m.	Coffee & Early Bird Draws	Lakeside Lodge
8:30 a.m.	First Nation Reconciliation Workshop	MacAulay Centre

Thursday October 18, 2018 (continued)

Time	Program	Location
10:00 a.m.	Refreshment Break 	Lakeside Lodge
10:30 a.m.	AGM & AMA Updates 	MacAulay Centre
11:10 a.m.	<p>Concurrent Session</p> <p>A) Importance of Ergonomics</p> <p>B) Addressing the Housing Shortage</p>	<p>Glasgow House</p> <p>MacAulay Centre</p>
12:10 p.m.	Plated Exhibitor Luncheon  	MacAulay Centre
1:10 p.m.	Success of Working Together 	MacAulay Centre
1:40 p.m.	Accessibility Legislation <i>with Gerry Post</i>	MacAulay Centre
2:40 p.m.	Refreshment Break 	Lakeside Lodge


Thursday October 18, 2018 (continued)

Time	Program	Location
3:10 p.m.	Concurrent Session: A) Unconscious Bias in the Workplace B) Awareness and Importance of Eating Local	Glasgow House MacAulay Centre
6:00 p.m.	President's Reception	Lakeside Lodge
6:30 p.m.	President's Banquet	MacAulay Centre
8:30 p.m.	Hospitality Suite <i>with Hon. Rodney Macdonald & Guests and DMA bartending</i>	Lakeside Lodge

Friday October 19, 2018

Time	Program	Location
8:00 a.m.	Coffee & Early Bird Draws	MacAulay Centre

Friday October 19, 2018 (continued)

Time	Program	Location
8:30 a.m.	Leveraging Our Collective Strength, Local Initiatives	MacAulay Centre
9:30 a.m.	Refreshment Break	MacAulay Centre
9:45 a.m.	Keynote Address <i>Humour in the Workplace with Michael Kerr</i>	MacAulay Centre
11:15 a.m.	Closing Ceremonies & Grand Prize Draw 	MacAulay Centre

CONFERENCE DETAILS

Opening Reception

Start your evening off right by joining us in Lakeside Lodge for some live music from Eddie Cummings and food while catching up with your colleagues.

Opening Ceremonies

Join us for greetings from the Province, local community leaders, and our supporting members and organizations



ARICHAT, NS TO BADDECK, NS



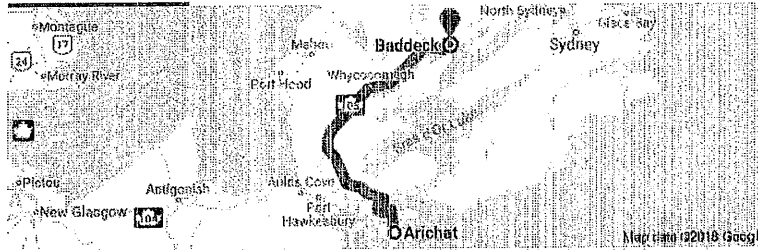
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All Maps Images News Shopping More Settings Tools

About 67,300 results (0.55 seconds)

Arichat, Nova Scotia

Baddeck, Nova Scotia



1 h 29 min (119.7 km) via Trans-Canada Hwy/NS-105 E

Directions

Distance between Baddeck, NS and Arichat, NS

https://www.distance-cities.com/ca/distance-baddeck-ns-to-arichat-ns

Distance between Baddeck and Arichat in miles and kilometers. Driving distance and how to go from Baddeck, Nova Scotia to Arichat, Nova Scotia. How long ...

Distance between Arichat, NS and Baddeck, NS

https://www.distance-cities.com/ca/distance-arichat-ns-to-baddeck-ns

Distance between Arichat and Baddeck in miles and kilometers. Driving distance and how to go from Arichat, Nova Scotia to Baddeck, Nova Scotia. How long ...

Arichat Guide | Fodor's Travel

https://www.fodors.com/world/north-america/canada/nova-scotia/cape.../arichat

Our guide to Arichat gives you expert recommendations on the best attractions ... Baddeck has enough down-to-earth amenities (like a grocery store) to make it a ...

visiting Isle Madame & then where to go for 3 or 4 days ...

https://www.tripadvisor.ca/.../Advocate Harbour Advocate Harbour Travel Forum

Jun 24, 2013 - I am taking the ferry to Pictou & then heading to West Arichat, Isle Madame to visit. From there I have ... Then maybe Baddeck. then western NS.

Clockwise or Counter-clockwise: which way should I drive Cape ...

https://www.novascotia.com/...nova-scotia/.../clockwise-or-counterclockwise-which-w...

Jun 1, 2016 - Visitors to Nova Scotia often ask this question so now we've asked Travel ... travel guide covers the Cabot Trail in a clockwise direction from Baddeck, ... in Iona for the Gaelic/Scottish history and Isle Madame for tiny Acadian ...

8 Top-Rated Tourist Attractions on Cape Breton Island | PlanetWare

https://www.planetware.com/canada/cape-breton-island-cdn-ns-nsci.htm

The highest mountains in Nova Scotia drop almost straight to the sea in places, ... starting from Baddeck and looping around Cape Breton Highlands National Park. ... Cape Breton Island, some escaping deportation by hiding on Isle Madame.

Parish & Mass Times - Diocese of Antigonish

www.antigonishdiocese.com/index.php/our-parishes/mass-times-by-location

Antigonish, NS B2G 2L8 ph 902-863-2338 ... West Arichat, NS B0E 1A0 ph 902-594- ... Baddeck. St. Michael Parish c/o St. Mary Parish 1769 Frenchvale Rd.

Things To Do - Cape Breton Island

https://www.cbisland.com/things-to-do/?experience-category=culinary&tag[...]



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

TRAVEL EXPENSE CLAIM Rate **\$0.4415**

Name of Claimant:	Laurier Samson
Destination:	Cheticamp, NS
Purpose of Travel:	Tourism Research Trip
Departure Date/Time:	September 21, 2018 - 6:00 am
Return Date/Time:	September 21, 2018 - 4:00 pm
Approval to Travel	<i>[Signature]</i> Date: <i>Sept. 10/2018</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	0.00					0.00
Total Cost of Mileage:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Accommodation/Hotel Name: <small>(Indicate if Direct Bill or Provide Receipt)</small>						\$0.00
Meals: Breakfast \$20	\$20.00					\$20.00
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	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00

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 LS N/A

Research Trip

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

Claimant Signature: *[Signature]*

Date Submitted: November 5, 2018

Travel Approved by Supervisor: *[Signature]*

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. <u>0 270 4120 27018</u>		