







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

**TRAVEL EXPENSE CLAIM** **Rate \$0.4415**

<b>Name of Claimant:</b>	Yvonne Boudreau
<b>Destination:</b>	Port Hawkesbury Civic Center
<b>Purpose of Travel:</b>	Legal Document Drop Off
<b>Departure Date/Time:</b>	07-Mar-19
<b>Return Date/Time:</b>	March 7, 2019

**Approval to Travel** **Date:**

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 90.00	90.00					90.00
<b>Total Cost of Mileage:</b> \$39.74	\$39.74	\$0.00	\$0.00	\$0.00	\$0.00	\$39.74
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$39.74	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$39.74</b>

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

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

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

Claimant Signature: Yvonne Boudreau

Date Submitted: March 7/19

Travel Approved by Supervisor: [Signature]

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

Goods Rec'd. Date.....	Initial.....	A
Prices Checked.....		A
Add. & Ext. Checked.....		A
Approval for Payment.....	NFS 3	A
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.	10 212 2120 212130	





**TRAVEL EXPENSE CLAIM**

Rate **\$0.4415**

Name of Claimant:	Kent MacIntyre
Destination:	Sydney
Purpose of Travel:	Cape Breton Partnership and DevelopNS Meetings
Departure Date/Time:	21. February 2019 <i>10:30 - 11:30 AM</i> <i>11:30 - 12:45 PM</i>
Return Date/Time:	21. Feb. 2019

Authorization for Expenditure - SEE ATTACHED

Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	240.00	240.00	0.00	0.00		240.00
Total Cost of Mileage:	\$0.44	\$105.96	\$0.00	\$0.00	\$0.00	\$105.96
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	\$25.00	\$0.00	\$0.00			\$25.00
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
<b>Total Amount Being Claimed</b>	\$130.96	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$130.96</b>

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

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

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

*DevelopNS Meeting - Detailed discussion re: SP Canal project.*

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

Claimant Signature: *[Signature]*  
 Date Submitted: *Feb. 22/2019*  
 Travel Approved by Supervisor: *[Signature]*  
 GL Code:

Goods Rec'd. Date.....	Initial.....	<i>[Initial]</i>
Prices Checked.....		<i>[Initial]</i>
Add. & Ext. Checked.....		<i>[Initial]</i>
Approval for Payment.....		<i>[Initial]</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10.21.2.21.20.21.21</i>		<i>30</i>

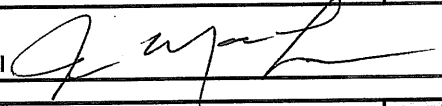


THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTE DE RICHMOND

**TRAVEL EXPENSE CLAIM**

Rate **\$0.4415**

<b>Name of Claimant:</b>	Kent MacIntyre
<b>Destination:</b>	Cape Breton Partnership – Sydney
<b>Purpose of Travel:</b>	Meeting – CB Partnership and DevelopNS
<b>Departure Date/Time:</b>	2019-02-21
<b>Return Date/Time:</b>	February 21, 2019

Approval to Travel  Date: Feb 20, 2019

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

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

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

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

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

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

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

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

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



THE MUNICIPALITY  
OF THE COUNTY OF  
**RICHMOND**

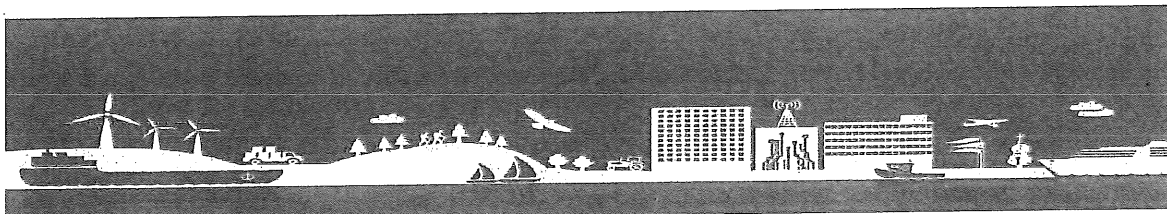
LA MUNICIPALITÉ  
DU COMTÉ DE



**February 21, 2019**

## **AGENDA**

1. CBREN Action Plan
2. IEDC recognition opportunity
3. Elevate Magazine
4. Council presentation





**INVOICE DETAILS**

Invoice from: Kent MacIntyre

Date: February 22, 2019

Amount: \$191.19

**Purpose of Expense:**

**Business dinner for 5 people.**

Two persons Bourque Industrial – John Bourque, Stephane Picard

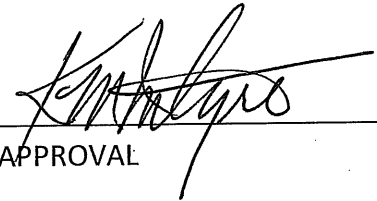
Three persons Richmond County – Jason MacLean, Jeff Stanley & Kent MacIntyre

**Other:**

The Groundswell owner opened his establishment to accommodate this dinner meeting.

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		HST 3
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	10 212 2170 212	410

  
 DIRECTOR'S APPROVAL

  
 CAO APPROVAL

**Groundswell Guest House**

3283 Highway 320  
D'ESCOUSSE, NS B0E1K0

Feb 7, 2019  
7:32 PM  
Colleen

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Ticket: Jeff  
Authorization 065761  
Receipt cDdA  
GST/HST # 760998682RT0001  
MasterCard 6935

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CAPITAL ONE  
AID A0 00 00 00 04 10 10  
PIN Verified

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Nachos	\$14.00
Regular	
Wings 1lb	\$13.00
Stirfry x 2	\$40.00
(\$16.00 each)	
Chicken (\$4.00)	
Stirfry	\$20.00
Shrimp (\$4.00)	
Fettuccine Alfredo x 2	\$34.00
(\$13.00 each)	
Chicken (\$4.00)	
Cake x 2	\$12.00
(\$6.00 each)	
Subtotal	\$133.00
provincial tax	\$19.95
Tip	\$38.24
Total	\$191.19
MasterCard 6935 (Chip)	\$191.19
Kent Macintyre	



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:	PH Civic Centre
Purpose of Travel:	State of the Strait Session
Departure Date/Time:	2019-03-13
Return Date/Time:	March 13, 2019

Approval to Travel: *J. MacIntyre (email)* Date: \_\_\_\_\_

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): <b>87.00</b>						
Total Cost of Mileage: <b>\$0.44</b>	\$87.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38.28
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
<b>Total Amount Being Claimed</b>	\$87.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$38.28</b>

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

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

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

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

Claimant Signature: *Kent MacIntyre*

Date Submitted: *March 14/2019*


Travel Approved by Supervisor: *J. MacIntyre*

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

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

*HST 3*



**Re: Permission**   
jason maclean to: Kent MacIntyre

2019-03-12 11:31 PM

Hi Kent, yes for sure.

Jason

Kent MacIntyre	Require permission to travel to PH Civic Centre...	12/03/2019 11:26:43 PM
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From: Kent MacIntyre/Richmond  
To: Jason MacLean/Richmond@Richmond  
Date: 12/03/2019 11:26 PM  
Subject: Permission

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Require permission to travel to PH Civic Centre - "State of the Strait" session.

Regards; Kent

Sent from my iPhone

# STATE OF THE STRAIT

## BUSINESS UPDATE EVENT

March 13, 2019 | 8am - 1pm | Port Hawkesbury Civic Centre

Tickets \$65 Members | \$75 Future Members

Register today at [www.straitareachamber.ca](http://www.straitareachamber.ca)

Continental Breakfast & Lunch Provided

*Special accommodations rates available at the Maritime Inn Port Hawkesbury and the Hearthstone Inn Port Hastings — request the Chamber block when booking!*

**PRESENTED BY**



LIVE.  
WORK.  
INVEST.

### Panel 1: Creative Economy

- Morgan Murray, Cape Breton Partnership
- Jay Bell Redbird, Friends United Cultural Centre
- Sara Rankin, Sara Rankin Creative Company
- Q&A

### Panel 2: Industry

- Mike Kelloway, Nova Scotia Community College
- Mark Brown, Pieridae Energy
- Gordana Slepcev, Anaconda Mining
- Q&A

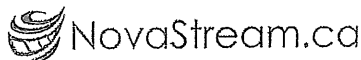
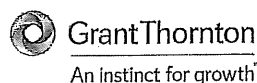
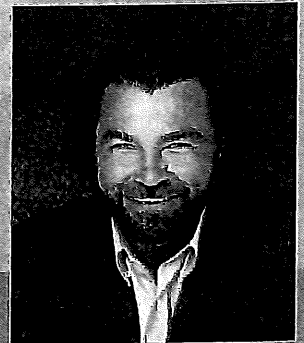
### Panel 3: New Investments

- Kent MacIntyre, Municipality of Richmond
- Paul Weinberg, Cabot Shores Wilderness Resort & Retreat
- Sean Sturge, Cape Breton Cultural Experience Resort in Margaree
- Q&A

### Lunch Keynote

**Fabian Henry**

Founder of Marijuana for Trauma, Veterans for Healing, and Breton CannaPharms





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:	PH Civic Centre
Purpose of Travel:	Joint Fire Services Meeting
Departure Date/Time:	2019-03-19
Return Date/Time:	March 19, 2019
Approval to Travel	<i>[Signature]</i> Date: <i>March 13, 2019</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):						0.00
Total Cost of Mileage: <b>\$0.44</b>	\$87.00	\$0.00	\$0.00	\$0.00	\$0.00	
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
<b>Total Amount Being Claimed</b>	<b>\$87.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

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

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

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

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



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:	PH Civic Centre
Purpose of Travel:	Joint Fire Services Meeting
Departure Date/Time:	2019-03-19
Return Date/Time:	March 19, 2019
Approval to Travel	<i>attached</i> Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	87.00					87.00
Total Cost of Mileage:	\$38.41	\$0.00	\$0.00	\$0.00	\$0.00	\$38.41
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
<b>Total Amount Being Claimed</b>	<b>\$38.41</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$38.41</b>

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

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

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

*Preliminary discussion regarding potential joint fire services and/or shared services.*

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

Claimant Signature:

Date Submitted:

Travel Approved by Supervisor:

GL Code:

*Kent MacIntyre*  
*March 25/2019*  
*[Signature]*

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		A
Ad. & Ext. Checked.....		B
Approval for Payment.....		HSR 3
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10 212 2120 2121		30



THE MUNICIPALITY OF THE COUNTY OF

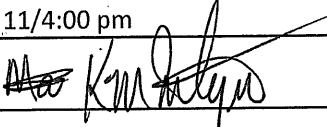
LA MUNICIPALITÉ DU COMTÉ DE


# RICHMOND

OF THE COUNTY OF RICHMOND

MUNICIPALITY TRAVEL


## EXPENSE CLAIM

Name of Claimant:	Jason MacLean
Destination:	Port Hawkesbury Civic Centre
Purpose of Travel:	CB REN Liason/Oversight Committee
Departure Date/Time:	March 11/12:30 pm
Return Date/Time:	March 11/4:00 pm
Approval to Travel	 Date: March 10/2019

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km 	65	0	0	0	0	28.70
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						28.70

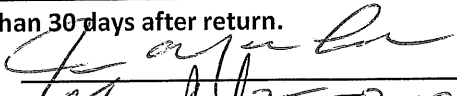
### Written Travel Report - Policy Requirements (Section 1.3.ii)

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.

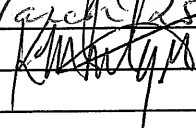
I confirm that I attended 80% or more of the conference I attended: Initial  N/A

Discussion on 2019-2020 Budget and Operations,

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

Claimant Signature: 

Date: March 25, 2019

Travel Approved by Supervisor: 

GL Code:

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

HST 3



THE MUNICIPALITY OF THE COUNTY OF

LA MUNICIPALITÉ DU COMTÉ DE

# RICHMOND

**EXPENSE CLAIM**

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

<b>Name of Claimant:</b>	Jason MacLean
<b>Destination:</b>	Maritime Center Barrington Street Halifax Nova Scotia
<b>Purpose of Travel:</b>	Meeting with Ron Dauphinee (Municipal Affairs)
<b>Departure Date/Time:</b>	March 22/9:00 am
<b>Return Date/Time:</b>	March 22/6:00 pm
<b>Approval to Travel</b>	<span style="float: right;">Date: <u>March 15/2019</u></span>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	624	0	0	0	0	\$ 275.50
<b>Accommodation:</b> <b>Hotel Name:</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0.00
Lunch \$25	25					25.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)						0.00
<b>Total Amount Being Claimed</b>						<b>\$ 300.50</b>

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

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

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

Meeting to discuss procedural matters.

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

Claimant Signature:

Date: March 25, 2019

Travel Approved by Supervisor:

GL Code:

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

HSR 3



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

NAME: Jason MacLean

PERIOD COVERED:

FROM: January 31, 2019 TO: March 25, 2019

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
Jan. 31	Meeting with CAO and Jake Boudrot regarding Strategic Plan - Municipal Office	67.00	
Feb. 6	By-Law Committee - Municipal Office	67.00	
Feb. 11	Committee of the Whole - Municipal Office.	67.00	
Feb. 19	Fire Services - St. Peter's Fire Hall	18.00	
Feb. 20	Budget Meeting - Municipal Office	67.00	
Feb. 21	Audit Committee - Municipal Office	67.00	
Feb. 25	Regular Council - Municipal Office	67.00	
Mar. 6	Budget Meeting - Municipal Office	67.00	
Mar. 11	Committee of the Whole - Municipal Office.	67.00	
Mar. 14	Budget Meeting - Municipal Office	67.00	
Mar. 18	Meeting with CAO - Grant concerns	67.00	
Mar. 21	Budget Meeting - Municipal Office	67.00	
Mar. 25	Regular Council - Municipal Office	67.00	

Goods Rec'd. Date..... Initial.....  
 Prices Checked.....  
 Add. & Ext. Checked.....  
 Approval for Payment.....  
 Discount Date.....  
 Paid by Cheque No. ....  
 Distribution: Acct. No. 10 210 2100 2101.10

HST 3

Totals: 822.00 \$0.00  
 Rate: \$0.4415  
 Total Mileage (\$): \$362.91

Total Expenses Claimed: **\$362.91**

ACCOUNT #:		CHEQUE #:	
SIGNATURE:		AMOUNT:	
APPROVED:		DATE PAID:	
Date:	March 25/19	INITIAL:	



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

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

<b>Name of Claimant:</b>	Brian Marchand
<b>Destination:</b>	Sydney Port
<b>Purpose of Travel:</b>	CB Local Immigration Partnership
<b>Departure Date/Time:</b>	Feb 11-2019 - 7:30 AM
<b>Return Date/Time:</b>	Feb 11-2019 - 3:00 PM
<b>Approval to Travel</b>	<i>see attached</i> <b>Date:</b>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km <b>217 KM</b>	\$ 95.81					\$ 95.81
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$ -
Meals: Breakfast \$20						\$ -
Lunch \$25	\$ 25.00					\$ 25.00
Dinner \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
<b>Total Amount Being Claimed</b>	\$ 120.81	\$ -	\$ -	\$ -	\$ -	\$ 120.81

**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: Feb 11/2019

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>1.15.3</u>	<u>[Signature]</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<u>10 210 2110 2101 30</u>	

From: jmaclean@richmondcounty.ca  
Subject: Re: CBLip Meeting  
Date: Feb 2, 2019 at 3:24:59 PM  
To: Brian brianmarchand@hotmail.com

---

Hi Brian, yes for sure.

Jason

From: "Brian" <brianmarchand@hotmail.com>  
To: "Jason MacLean" <jmaclean@richmondcounty.ca>  
Date: 31/01/2019 12:05 AM  
Subject: CBLip Meeting

---

Looking for permission to attend the CBLip meeting in Sydney on Feb 11-2019?

Thanks.

Brian

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[https://support.onlymyemail.com/view/report\\_spam/  
MjgwNzYwOjIxNDk3NjY5Mzc6am1hY2x1YW5AcmljaGlvbmRjb3VudHkuY2E6ZGVsaXZlcmVk](https://support.onlymyemail.com/view/report_spam/MjgwNzYwOjIxNDk3NjY5Mzc6am1hY2x1YW5AcmljaGlvbmRjb3VudHkuY2E6ZGVsaXZlcmVk)



# CAPE BRETON LOCAL IMMIGRATION PARTNERSHIP

## CBLIP Council

### Meeting #7: Special Strategy Meeting

February 11, 2019

10:00 am – 12:30pm

Kavanagh Room, Joan Harriss Cruise Pavilion

#### Purpose:

#### For CBLIP Council Members to:

- Review first Draft of CBLIP Strategy and provide feedback

Time	Topic
9:45 am	Arrival and Refreshments
10:00 am	Welcome & Check In
10:10 am	Strategy Review
11:00 am	Break
11:10 am	Strategy review cont'd
12:30 pm	Closing
<b>Next Meeting: Tuesday, March 12, 2019 10AM</b>	
<b>Arts &amp; Crafts Room, Port Hawkesbury Civic Centre</b>	

Funded by:



Immigration, Refugees  
and Citizenship Canada

Financé par :

Immigration, Réfugiés  
et Citoyenneté Canada





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 to Discuss Housing Issues
Departure Date/Time:	Feb 13-2019 - 9:00 AM
Return Date/Time:	Feb 13-2019 - 1:30 PM
Approval to Travel	see attached <span style="float: right;">Date:</span>

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: Feb 21 - 2019

Travel Approved by Supervisor: [Signature]

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

Goods Rec'd. Date.....	Initial.....	<u>BM</u>
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		<u>HST 3</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.	<u>10 210 2110 2101</u>	<u>30</u>

From: jmaclean@richmondcounty.ca  
Subject: Re: Housing Meeting with Celeste  
Date: Feb 12, 2019 at 8:43:48 PM  
To: Brian brianmarchand@hotmail.com

---

Hi Brian, yes for sure.

Jason

From: "Brian" <brianmarchand@hotmail.com>  
To: "Jason MacLean" <jmaclean@richmondcounty.ca>  
Date: 11/02/2019 09:52 AM  
Subject: Housing Meeting with Celeste

---

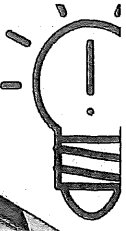
Looking for permission to attend the Housing Think Tank Meeting in Port Hawkesbury on Wed Feb 13-2019?

Thanks.

Brian

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# Community Think Tank Housing Matters



## STRAIT RICHMOND HOUSING GROUP

Wednesday, February 13, 2019

10:00 am to 12 noon

Port Hawkesbury Civic Centre, Board Room, 2nd Floor



### Agenda for the day

- 10:00 am Check In and Welcome
- Review Notes from Last Meeting
- Discussion of the CB Conference- Round table for those who attended
- Housing Nova Scotia- Stephen Hines
- Discussion of Summer/Youth position if grant gets approved
- Discussion- Term of Reference for the Group and Name
- 11:45 to 12 noon Wrap Up and Agenda Items for Next Meeting



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

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

<b>Name of Claimant:</b>	Brian Marchand
<b>Destination:</b>	Port Hawkesbury PHCC
<b>Purpose of Travel:</b>	Meeting to Discuss Housing Issues
<b>Departure Date/Time:</b>	Mar 12-2019 - 8:30 AM
<b>Return Date/Time:</b>	Mar 12-2019 - 1:30 PM
<b>Approval to Travel</b>	<i>attached</i> <b>Date:</b>

Description	Day 1						Total
Mileage: # of Km    56 KM	\$ 24.72						\$ 24.72
<b>Accommodation:</b>							
<b>Hotel Name:</b>							
<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)							\$ -
<b>Total Amount Being Claimed</b>	\$ 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 B.M. N/A

Meeting with Celeste & others to discuss Affordable Housing Issues & listen to CMHC Presentation

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

Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>March 14-2019</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	

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

From: jmaclean@richmondcounty.ca  
Subject: Re: Housing Meeting  
Date: Mar 7, 2019 at 8:56:45 PM  
To: Brian brianmarchand@hotmail.com

---

Hi Brian, yes for sure.

Jason

From: "Brian" <brianmarchand@hotmail.com>  
To: "Jason MacLean" <jmaclean@richmondcounty.ca>  
Date: 05/03/2019 09:17 PM  
Subject: Housing Meeting

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Looking for permission to attend the housing meeting in Port Hawkesbury on March 12-2019.

Thanks.

Brian

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

<b>Name of Claimant:</b>	Brian Marchand
<b>Destination:</b>	Port Hawkesbury Civic Center
<b>Purpose of Travel:</b>	State of the Strait Annual Business Update
<b>Departure Date/Time:</b>	Mar 13-2019 - 7:30 AM
<b>Return Date/Time:</b>	Mar 13-2019 - 2:00 PM
<b>Approval to Travel</b>	<i>attached</i> <b>Date:</b>

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)							\$ -
<b>Total Amount Being Claimed</b>	\$ 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 B.M.     N/A

--	--

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>March 14-2019</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>[Signature]</i>
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 210 210 130</i>		

From: jmaclean@richmondcounty.ca  
Subject: Re: State of the Strait  
Date: Mar 12, 2019 at 8:03:07 PM  
To: Brian brianmarchand@hotmail.com

---

Hi Brian, yes you are good to go.

Jason

From: "Brian" <brianmarchand@hotmail.com>  
To: "Jason MacLean" <jmaclean@richmondcounty.ca>  
Date: 12/03/2019 11:09 AM  
Subject: State of the Strait

---

Do we need permission to attend State of the Strait Wednesday March 13th-2019 in Port Hawkesbury?  
If yes, I am asking for permission to attend?

Thanks.

Brian

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[https://support.onlymyemail.com/view/report\\_spam/](https://support.onlymyemail.com/view/report_spam/)  
[MjgwNzYwOjIxNTc5MzM2NDk6am1hY2x1YW5AcmljaG1vbmRjb3VudHkuY2E6ZGVsaXZlcmVk](https://support.onlymyemail.com/view/report_spam/MjgwNzYwOjIxNTc5MzM2NDk6am1hY2x1YW5AcmljaG1vbmRjb3VudHkuY2E6ZGVsaXZlcmVk)

# STATE OF THE STRAIT

## BUSINESS UPDATE EVENT

March 13, 2019 | 8am - 1pm | Port Hawkesbury Civic Centre

Tickets \$65 Members | \$75 Future Members

Register today at [www.straitreachamber.ca](http://www.straitreachamber.ca)

Continental Breakfast & Lunch Provided

*Special accommodations rates available at the Maritime Inn Port Hawkesbury and the Hearthstone Inn Port Hastings — request the Chamber block when booking!*

PRESENTED BY



LIVE.  
WORK.  
INVEST.

### Panel 1: Creative Economy

- Morgan Murray, Cape Breton Partnership
- Jay Bell Redbird, Friends United Cultural Centre
- Sara Rankin, Sara Rankin Creative Company
- Q&A

### Panel 2: Industry

- Mike Kelloway, Nova Scotia Community College
- Mark Brown, Pieridae Energy
- Gordana Slepcev, Anaconda Mining
- Q&A

### Panel 3: New Investments

- Kent MacIntyre, Municipality of Richmond
- Paul Weinberg, Cabot Shores Wilderness Resort & Retreat
- Sean Sturge, Cape Breton Cultural Experience Resort in Margaree
- Q&A

### Lunch Keynote

**Fabian Henry**

Founder of Marijuana for Trauma, Veterans for Healing, and Breton CannaPharms

