

40827

SCHEDULE "B"



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

OF THE COUNTY OF RICHMOND MUNICIPALITY TRAVEL EXPENSE CLAIM

Name of Claimant: Rene Babin
Destination: Truro, NS
Purpose of Travel: Ice Making Course
Departure Date/Time: Aug 18, 2019 - 4:00 PM
Return Date/Time: Aug 22, 2019 - 4:00 PM
Approval to Travel: Chris Bourdeau Date: Aug 15/19

Table with 7 columns: Description, Day 1, Day 2, Day 3, Day 4, Day 5, Total. Rows include Mileage, Accommodation, Meals (Breakfast, Lunch, Dinner), Other Meals, Incidentals, Taxi/Parking/Tolls, and Total Amount Being Claimed (446.14).

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 ARB N/A

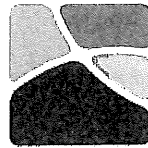
All claims are to be submitted not later than 30 days after return. Claimant Signature: Catherine K. Babin Date: Aug 27/19 Travel Approved by Supervisor: Chris Bourdeau GL Code: 10270 4150 270480

Goods Rec'd. Date.....Initial...CS
Prices Checked.....CS HST
Add. & Ext. Checked.....CS
Approval for Payment.....CS
Discount Date.....
Paid by Cheque No.....
Distribution: Acc't. No. 10270 4150 270480



**Recreation Facility
Association
of Nova Scotia**

Supporting you - from the ground up



orfa

**Ontario
Recreation
Facilities
Association**

Building Community Since 1947

Recreation Facility Association of Nova Scotia (RFANS) in partnership with the Ontario Recreation Facilities Association (ORFA)

Ice Making and Painting Technologies

Monday, August 19 to Thursday, August 22, 2019

8:30 am to 4:30 pm

Rath Eastlink Community Centre

625 Abenaki Rd

Truro, NS B2N 0G6

Course Instructor:

Hotel: Best Western

150 Willow Street, Truro

Rate: \$119.99 +HST (Standard 1-2 people)

Hot Breakfast included

Quote: **RFANS**

René Babin

Name

RICHMOND ARENA, NOUISDALE, NS

Facility

2357 HIGHWAY 206 PO BOX 120

Address

ARICHAT NS BOEIAO

City

Province

PC

902 631-2834 (Pene) 902 226-0586

Phone

902 226-0060

Fax

rbabin@richmondcounty.ca

Email

cmartell@richmondcounty.ca

Registration Fee

\$850.00+ tax*

RFA NS Member

\$1,000.00 + tax*

Not a Member

*Tax at 15%

Registration Fee

Is enclosed.

Please Invoice me: PO # RBABIN

Visa/MC

Card # _____ Exp: _____

Name on Card: _____

Signature: _____

To register return form to:

Recreation Facility Association of Nova Scotia

Mail: 5516 Spring Garden Road, 4th Floor

Halifax, NS B3J 1G6

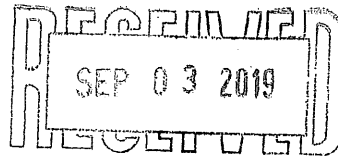
Fax: 902-425-5606

Email: rfans@sportnovascotia.ca

For More Information: Please contact the RFANS at (902) 425-5450 x 330 or

email: rfans@sportnovascotia.ca

Best Western Truro - Glengarry
 150 Willow Street
 Truro, NS B2N 4Z6



(902) 893-4311
 reservations@bwglengarry.com
 HST @720 514 280

INVOICE

Municipality of, Richmond
 Attn: Accounts Payable
 P.O. Box 120
 Arichat NS BOE 1A0
 CANADA
 (902)226-2400

INVOICE # 16386
DATE 08/23/19
ACCT# MUNI03

CL Account	Date	Conf #	Arrived	Departed	Room	Guest	Clerk	Amount
MUNI03	08/22/19	204605	08/18/19	08/22/19	119	Renee Babin	VJ	\$551.96

Invoice Total	\$551.96
----------------------	-----------------

HST 1

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. 10270 HST 270480	

Best Western Truro - Glengarry

150 Willow Street
Truro, NS B2N 4Z6

(902) 893-4311

reservations@bwglengarry.com

HST @720 514 280

C/O 08/22/2019 08:07 AM VJ

Registered To:

Babin, Renee
Attn: Accounts Payable
Re Yvonne Boudreau

CANADA

(902) 226-3971

Bill To:

Attn: Accounts Payable

P.O. Box 120
Arichat, NS B0E 1A0
CANADA

(902) 226-2400

Room # 119-A

Conf # 204605
Arrival 08/18/19
Departure 08/22/19
Group RFANS
Room Type INQQ-2 QUEEN BEDS N
Guests 1 / 0

Payment City Ledger
Acct MUNI03

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
08/18/19	AH	RC	ROOM CHRG REVENUE			\$119.99
08/18/19	AH	9	HST			\$18.00
08/19/19	LB	RC	ROOM CHRG REVENUE			\$119.99
08/19/19	LB	9	HST			\$18.00
08/20/19	LB	RC	ROOM CHRG REVENUE			\$119.99
08/20/19	LB	9	HST			\$18.00
08/21/19	AH	RC	ROOM CHRG REVENUE			\$119.99
08/21/19	AH	9	HST			\$18.00
08/22/19	VJ	DB	TRANSFER TO A/R		Attn: Accounts Payabl	(\$551.96)

Balance Due	\$0.00
--------------------	---------------

For future reservations please call 800-567-4276

Each best Western branded hotel is independently owned and operated

We look forward to seeing you again ! " Like " us on Facebook !

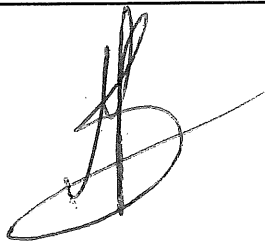
Signature

Municipality of the County of Richmond - June 2019		
Meetings Held:		67 kms
Date:	Meeting:	Gilbert Boucher
June-03-19	Special Council	1
June-10-19	COW/By Law	1
June 20, 2019	Regular Council	1
June 24, 2019	Special Council	1
		0
		0
		0
Total # of Meetings Attended:		4
x kms/trip (return):		67
Total Mileage (kms):		268
Rate		0.4585
Total Owed		\$122.88

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	CS
Add. & Ext. Checked.....	CS
Approval for Payment.....	CS
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No.....	10.2102110210130

HST3

Municipality of the County of Richmond - September 2019		
Meetings Held:		67 kms
Date:	Meeting:	Gilbert Boucher
September-09-19	COW	1
September-16-19	By Law Committee	1
September 23, 2019	Regular Council	1
		0
		0
		0
Total # of Meetings Attended:		3
x kms/trip (return):		67
Total Mileage (kms):		201
Rate		0.4585
Total Owed		\$92.16



Gilbert Boucher

HST 3

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	CS
Add. & Ext. Checked.....	CS
Approval for Payment.....	CS
Discount Date.....	
Paid by Cheque No.....	10 210 210 210 130
Distribution: Acc't. No.....	

dm



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

NAME: Chris Boudreau

PERIOD COVERED: August 1, 2019 to August 31, 2019

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
15-Aug-19	Travel to Louisdale WTP for Audit by NSE & travel from office to 1749 Hwy 206 for septic inspection.	40	

H573

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

Totals:	40.00	\$0.00
Rate:	\$0.4585	
Total Mileage (\$):	\$18.34	
Total Expenses Claimed:	\$18.34	

ACCOUNT #:	10-242-3070-242110	CHEQUE #:	
SIGNATURE:	<i>Chris Boudreau</i>	AMOUNT:	
APPROVED:	<i>Don MacLachlan</i>	DATE PAID:	
DATE SUBMITTED:	<i>Aug 30/19</i>	INITIAL:	



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

NAME: Ronalda Boudreau

PERIOD COVERED: June 6 - July 10 / 2019

FROM: _____ TO: _____

DATE:	PARTICULARS:	MILEAGE (KM):	OTHER EXPENSES:
June 6, 2019	Had to go to the Rec Building to take inventory off the sufing equipment (boards, sutis, boots, etc.)	36.00	
June 12, 2019	Went to the REC building and went to French Cove to check the pool situation for swimming lessons	86.00	
June 18, 2019	Went to the VIC to drop of some copies of the Richmond Reflection	73.00	
June 24, 2019	Went to Arena for the morning for Swimming regsitration	36.00	
June 24, 2019	Had to go to Point Michaud to meet Bell Aliant to set up land line	112.00	
June 25, 2019	Went to Point Michaud to set up and get ready for summer programs	112.00	
July 2, 2019	Went to French, Point Michaud and the Arena to check on students on their first day of summer programs ✕	141.00	
July 3, 2019	Attended first Concerts by the sea in St. Peter's	71.00	
July 5, 2019	Attended Fireworks in St. Peter's	71.00	
July 10, 2019	Went to French, Point Michaud and the Arena to check on students and the summer programs	132.00	
	✕ Also Had to go to convenient store to get supplies for Beach hut		

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

#53

Totals: 870.00 \$0.00
 Rate: \$0.4585
 Total Mileage (\$): \$398.90

Total Expenses Claimed: \$398.90

ACCOUNT #:	<u>10 270 4120 270180</u>	CHEQUE #:	
SIGNATURE:	<u>Ronalda Boudreau</u>	AMOUNT:	
APPROVED:	<u>[Signature]</u>	DATE PAID:	
DATE SUBMITTED:	<u>July 10 / 19</u>	INITIAL:	

Municipality of the County of Richmond - September 2019		
Meetings Held:		10 km
Date:	Meeting:	James Goyetche
September-09-19	COW	1
September-16-19	By Law Committee	1
September 23, 2019	Regular Council	1
		0
		0
		0
Total # of Meetings Attended:		3
x kms/trip (return):		10
Total Mileage (kms):		30
Rate		0.4585
Total Owed		\$13.76

James Goyetche

DM

Ryan Marchand

HST 3

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

From: dmarchand@richmondcounty.ca
Subject: Re: Airport Meeting
Date: Jul 8, 2019 at 10:50:31 AM
To: Brian brianmarchand@hotmail.com

Yes Brian

Don Marchand
Chief Administrative Officer
2357 Hwy 206, P.O. Box 120
Arichat, N.S.
B0E 1A0
902-226-3970

From: "Brian" <brianmarchand@hotmail.com>
To: "Don (Gail) Marchand" <dmarchand@richmondcounty.ca>
Date: 2019-07-08 10:44 AM
Subject: Airport Meeting

Looking for permission to attend the airport meeting on Tuesday Jul 9th
in Port Hawkesbury?

Thanks.

Brian

Airport Management Committee Meeting

Port Hawkesbury

Date: Tuesday, July 9, 2019

Time: 12:30pm

Location: Shannon Studio, Port Hawkesbury Civic Centre

A G E N D A

1. Meeting Call to Order
2. Additions to the Agenda
3. Approval of the Agenda
4. Approval of Minutes – April 30, 2019
5. Business Arising from the Minutes
6. Crack Sealing
7. Committee Governance Update
8. Airport Operations Update
9. Inverness Airport
9. Approved Additions
10. Next Meeting Date
11. Adjournment



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

MUNICIPALITY OF THE COUNTY OF RICHMOND
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury PHCC
Purpose of Travel:	Airport Board Meeting
Departure Date/Time:	July 9-2019 - 12:00 PM
Return Date/Time:	July 9-2019 - 3:00 PM
Approval to Travel	<i>Attached</i> <i>us.</i> Date:

Description	Day 1						Total
Mileage: # of Km 56 KM	\$ 25.68						\$ 25.68
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	\$ 25.68						\$ 25.68

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

<i>meeting for Airport Committee Issues</i>	

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

Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>July 9/2019</i>
Travel Approved by Supervisor:	<i>Don Marchand</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>CS</i>
Prices Checked.....		<i>CS</i>
Add. & Ext. Checked.....		<i>CS</i>
Approval for Payment.....		<i>CS</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	<i>10216 2102 210710</i>	

HST 3



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:	Port Hawkesbury PHCC
Purpose of Travel:	Airport Board Meeting
Departure Date/Time:	Aug 30-2019 - 10:00 AM
Return Date/Time:	Aug 30-2019 - 12:00 PM
Approval to Travel	<i>attached</i> Date:

Description	Day 1						Total
Mileage: # of Km 56 KM	\$ 25.68						\$ 25.68
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	\$ 25.68						\$ 25.68

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

To Discuss Airport Operations

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

Claimant Signature: Brian Marchand

Date: Aug 30/2019

Travel Approved by Supervisor: Brian Marchand

GL Code: _____

Goods Rec'd. Date.....Initial... CS

Prices Checked..... CS

Add. & Ext. Checked..... CS

Approval for Payment..... CS

Discount Date.....

Paid by Cheque No.....

Distribution: Acc't. No. 10 210 2100 210110

HST?

Airport Management Committee Meeting



Date: Friday, August 30, 2019

Time: 10:00am

Location: Boardroom, Port Hawkesbury Civic Centre

A G E N D A

1. Meeting Call to Order
2. Additions to the Agenda
3. Approval of the Agenda
4. Approval of Minutes – July 9, 2019
5. Business Arising from the Minutes
6. Allan J. MacEachen Regional Airport
 - Website (not live as yet) - <http://www.allanairport.ca> (Password: airport)
 - Ownership Structure
7. Committee Governance Update
8. Airport Operations Update
9. Financial Update
10. Approved Additions
12. Next Meeting Date
13. Adjournment

From: dmarchand@richmondcounty.ca
Subject: Re: Airport meeting
Date: Aug 27, 2019 at 10:51:27 AM
To: Brian brianmarchand@hotmail.com

Yes

Don Marchand
Chief Administrative Officer
2357 Hwy 206, P.O. Box 120
Arichat, N.S.
B0E 1A0
902-226-3970

From: "Brian" <brianmarchand@hotmail.com>
To: "Don (Gail) Marchand" <dmarchand@richmondcounty.ca>
Date: 2019-08-26 04:20 PM
Subject: Airport meeting

Looking for permission to attend airport meeting on Friday Aug 30th in
Port Hawkesbury?

Thanks.

Brian



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4585**

Name of Claimant:	Don Marchand
Destination:	Port Hawkesbury Civic Centre
Purpose of Travel:	Airport Committee Meeting
Departure Date/Time:	Friday, August 30, 2019 9:20 am
Return Date/Time:	Friday, August 30, 2019 1:30 pm
Approval to Travel	<i>attached</i> Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 76.00	76.00					76.00
Total Cost of Mileage: \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85

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 DM N/A _____

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

Claimant Signature: Don Marchand

Date Submitted: September 03, 2019

Travel Approved by Supervisor: Grian Marchand

GL Code: _____

HST 3

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



Re: Airport Meeting
Brian Marchand to: Donald Marchand

2019-08-27 10:58 AM

Yes, you have permission to attend.

Brian

-----Donald Marchand/Richmond@Richmond wrote: -----

=====
To: Brian Marchand/Richmond@Richmond
From: Donald Marchand/Richmond@Richmond
Date: 08/26/2019 11:57AM
Subject: Airport Meeting
=====

Hi Brian,

Looking for permission to attend the Airport Committee meeting on Friday
August 30, 2019 at 10:00 am.

Don Marchand
Chief Administrative Officer
2357 Hwy 206, P.O. Box 120
Arichat, N.S.
B0E 1A0
902-226-3970

Airport Management Committee Meeting

Port Hawkesbury

Date: Friday, August 30, 2019

Time: 10:00am

Location: Boardroom, Port Hawkesbury Civic Centre

A G E N D A

1. Meeting Call to Order
2. Additions to the Agenda
3. Approval of the Agenda
4. Approval of Minutes – July 9, 2019
5. Business Arising from the Minutes
6. Allan J. MacEachen Regional Airport
 - Website (not live as yet) - <http://www.allanjairport.ca> (Password: airport)
 - Ownership Structure
7. Committee Governance Update
8. Airport Operations Update
9. Financial Update
10. Approved Additions
12. Next Meeting Date
13. Adjournment



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

TRAVEL EXPENSE CLAIM

Rate **\$0.4585**

Name of Claimant:	Don Marchand
Destination:	Port Hawkesbury Civic Centre
Purpose of Travel:	Provincial Accessibility Workshop
Departure Date/Time:	September 24, 2019 12:45pm
Return Date/Time:	September 24, 2019 04:00pm

Approval to Travel Brian Marchand Date: Sept 23, 2019

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	76.00					76.00
Total Cost of Mileage:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85
Accommodation/Hotel Name: <small>(Indicate if Direct Bill or Provide Receipt)</small>						\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85

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 DM N/A DM

All claims are to be submitted not later than 60 days after return. Claimant Signature: <u>Don Marchand</u> Date Submitted: <u>September 25, 2019</u> Travel Approved by Supervisor: <u>Brian Marchand</u> GL Code:	Goods Rec'd. Date.....Initial.....	<u>DM</u>
	Prices Checked.....	<u>DM</u>
	Add. & Ext. Checked.....	<u>DM</u>
	Approval for Payment.....	<u>DM</u>
	Discount Date.....	
	Paid by Cheque No.....	
Distribution: Acc't. No. <u>10212 2120212130</u>		

HST 3



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

TRAVEL EXPENSE CLAIM

Rate \$0.4585

Name of Claimant:	Don Marchand
Destination:	Port Hawkesbury Civic Centre
Purpose of Travel:	On site Energy Meeting
Departure Date/Time:	Wednesday September 25, 2019 1:15 pm
Return Date/Time:	Wednesday September 25, 2019 4:30pm

Approval to Travel Don Marchand Date: Sept 23, 2019

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km): 76.00	76.00					76.00
Total Cost of Mileage: \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85

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 DM

HST 3

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

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

Claimant Signature: Don Marchand

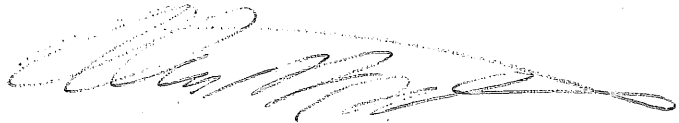
Date Submitted: September 26, 2019

Travel Approved by Supervisor: Don Marchand

GL Code: _____

Municipality of the County of Richmond - September 2019		
Meetings Held:		14 km
Date:	Meeting:	Alvin Martell
September-09-19	COW	1
September-16-19	By Law Committee	0
September 23, 2019	Regular Council	1
		0
		0
		0
Total # of Meetings Attended:		2
x kms/trip (return):		14
Total Mileage (kms):		28
Rate		0.4585
Total Owed		<u>\$12.84</u>

dm



Gian Marchand

Goods Rec'd. Date.....Initial.....*CS*
 Prices Checked.....*CS*
 Add. & Ext. Checked.....*CS*
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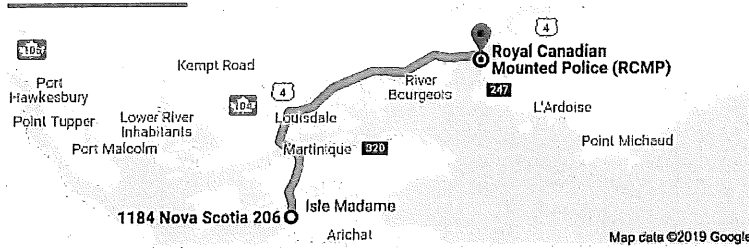
distance from 1184 hwy 206 west arichat to richmond villa st. peters



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- 1184 NS-206, West Arichat, NS B0E 3J0
- Royal Canadian Mounted Police (RCMP) Grenville Street, Saint Peter's, NS



25 min (30.3 km) via NS-104

Directions

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Return
30.3 km x 2 =
60.6 km



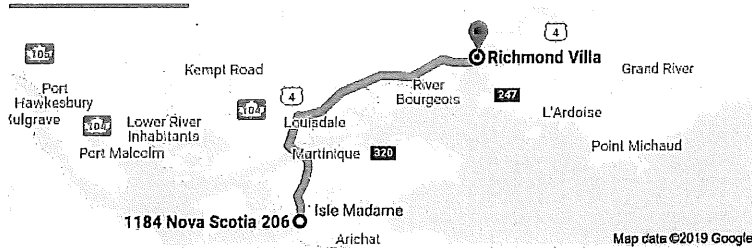
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- Richmond Villa, 9361 Pepperell, St. Peter's, NS B0E 3B0



Return
 $29.8 \times 2 = 59.6$
 kms

25 min (29.8 km) via NS-104

Directions

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