



Royal Bank

RBC® Avion® Visa® Business

MUNICIPALITY OF THE COUNTY OF RICHMO 4516 07** **** 4331

TROY MACCULLOCH 4516 07** **** 4349

STATEMENT FROM NOV 28 TO DEC 29, 2025

1 OF 2

PREVIOUS STATEMENT BALANCE \$12,051.07
4516 07** **** 4331

TRANSACTION DATE	POSTING DATE	ACTIVITY DESCRIPTION	AMOUNT (\$)
DEC 29	DEC 29	PURCHASE INTEREST 19.99%	\$145.94
SUBTOTAL OF MONTHLY ACTIVITY			\$145.94
4516 07** **** 4349			
10 212 2220 212540			
NOV 27	NOV 28	ALANTRA LEASING INC 506-4322710 NB 74872715331273310164690	\$2,861.40
10 242 4000 242460			
DEC 05	DEC 05	MICROSOFT-G125553669 MISSISSAUGA ON 74099865339000328752089	-\$117.28
10 212 2160 212390			
DEC 08	DEC 08	PAYMENT - THANK YOU / PAIEMENT - MERCI 74510105342710048876102	-\$11,595.94
DEC 09	DEC 09	MICROSOFT#G128167919 HALIFAX NS 74083425343100005992050	\$180.04
10 212 2160 212390			
DEC 10	DEC 12	ALL BUSINESS ONLINE NE HALIFAX NS 74529005344920117781708	\$44.46
10 212 2160 212370			
DEC 12	DEC 15	RMV PORT HAWKESBURY PORT HAWKESBUNS 74500015346461660144861	\$1,038.60
10 242 5000 242320			
DEC 17	DEC 19	MARRIOTT - COURTYARD - DARTMOUTH NS 74703415352101732325449	\$252.45
10 242 3000 242210			
DEC 19	DEC 22	CPC / SCP 040142 ARICHAT NS 74064495353820187991413	\$982.12
10 270 4120 270210			
DEC 23	DEC 23	MICROSOFT#G131127233 HALIFAX NS 74083425357100005268277	\$130.24
10 212 2160 212390			
DEC 24	DEC 29	ALANTRA LEASING INC 506-4322710 NB 74872715358273584393833	\$837.90
10 280 4211 280120			
DEC 26	DEC 29	MICROSOFT#G131466674 HALIFAX NS 74083425360100002971875	\$610.50
10 212 2160 212390			
SUBTOTAL OF MONTHLY ACTIVITY			-\$4,775.51
NEW BALANCE			\$7,421.50

IMPORTANT INFORMATION

AVION POINTS

Previous Points balance	553,251
Points earned this statement	8,046
New points balance	561,297

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
Avion Rewards Travel	1-877-636-2870
Redemption	
Merchandise Redemption	1-800-769-2512
Rewards Website	avionrewards.com

PAYMENTS & INTEREST RATES

Minimum payment	\$155.00
Payment due date	JAN 23, 2026
Credit limit	\$20,000.00
Available credit	\$12,578.50
Annual interest rates:	
Purchases	19.99%
Cash advances	22.99%

CALCULATING YOUR BALANCE

Previous Statement Balance	\$12,051.07
Payments & credits	-\$11,713.22
Purchases & debits	\$6,937.71
Cash advances	\$0.00
Interest	\$145.94
Fees	\$0.00

NEW BALANCE \$7,421.50



RBC ROYAL BANK
CREDIT CARD PAYMENT CENTRE
P.O. BOX 4016, STATION "A"
TORONTO, ONTARIO M5W 2E6

NEW BALANCE
\$7,421.50

MINIMUM PAYMENT
\$155.00

PAYMENT DUE DATE
JAN 23, 2026

AMOUNT PAID
\$

RBC® Avion® Visa® Business
4516 07** **** 4331 / 4516 07** **** 4349

Quick, convenient and secure ways to pay your credit card bill:
- RBC Online Banking at www.rbcroyalbank.com/online
- RBC Mobile app - text "RBC" to 727222 to download

Other payment options include:
- RBC Royal Bank ATM
- Telephone Banking 1-800-769-2511
- Visit an RBC Royal Bank branch

MUNICIPALITY OF THE COUNTY OF RICHMO
TROY MACCULLOCH
2357 HIGHWAY 206
MAIN ST
ARICHAT NS BOE 1A0



Royal Bank

RBC® Avion® Visa⁺ Business

MUNICIPALITY OF THE COUNTY OF RICHMO 4516 07** ***** 4331

TROY MACCULLOCH 4516 07** ***** 4349

STATEMENT FROM NOV 28 TO DEC 29, 2025

2 OF 2

Link your RBC credit card to your Petro-Points card and instantly save 3 cents/L on gas + always earn 20% more Petro-Points⁺ and Avion[®] points. Visit rbc.com/linkbusiness to link your card and for terms & conditions.

INTEREST RATE CHART

Description	Rate (%)	Remaining Balance**	Expiry Date
Purchases & Fees	19.99	\$7,275.56	

** The "Determination of Interest" section on the back of your statement explains how interest is charged and how you may avoid interest charges on purchases and fees and the "Applying your payments" section explains how payments are applied to the Remaining Balances shown above.

IMPORTANT INFORMATION ABOUT YOUR RBC BUSINESS CREDIT CARD ACCOUNT STATEMENT

The following is a summary of certain terms and conditions applicable to your RBC Business Credit Card Account ("Account") and details about some of the information shown on the front of your Account Statement. It is provided to help you read and understand your Account Statement. Please refer to your RBC Royal Bank Business Credit Card Agreement ("Agreement") for complete terms and conditions applicable to your Account. All capitalized terms used but not defined herein have the meaning given to them in the Agreement.

Statement Period. Your Account Statement covers activity on your Account from the day after your previous Statement Date to the last day of this Account Statement period ("Statement Date"). If the date on which we would ordinarily prepare your Account Statement falls on a date for which we do not process Account Statements (for example, weekends and certain holidays) we will prepare the Account Statement on the next statement processing date. The Payment Due Date will be adjusted accordingly.

YOUR RESPONSIBILITIES

Review your Account Statement. Review your Account Statement carefully. If you think there is an error on your Account Statement, you must contact us within thirty (30) days from the Statement Date at 1-800-769-2512. If you do not contact us as required, the Account Statement and our records will be considered correct and binding on you (except for credits improperly applied to your Account), and we will be released from all claims in respect of any transaction, Interest Rate, charge and Fee appearing on such Account Statement.

Report a lost or stolen Card. If your Card is lost or stolen, or if you have your Card but suspect that someone else may be using your Card or Card Information, please call us immediately at 1-800-769-2512.

Make your payment. You may pay the New Balance in full or in part at any time. However, you must pay at least the Minimum Payment by the Payment Due Date as indicated on the Account Statement each month.

How to make a payment. The payment options available for your Account are listed on your Account Statement. Remember to allow sufficient time for payments to reach us by the Payment Due Date. Payments sent to us by mail or made through another financial institution may take several days to reach us and are not credited to your Account until we have processed them. To ensure that a payment is credited to your Account on the same business day you make it, you must make the payment prior to 6:00 p.m. local time at one of our branches or ATMs in Canada, or through our telephone or digital banking services. Branch payments must be made by the branch closing time if it is earlier than 6:00 p.m.

You can also ask us to process your payments on the Payment Due Date each month as a pre-authorized debit ("PAD"). Call us at 1-800-769-2512 for further information.

A payment is not credited to the Account and does not automatically adjust the available Account Credit Limit or Card Credit Limit (depending on your Account type) until we have processed the payment. It may take several days to adjust the available Account Credit Limit or Card Credit Limit depending on how the payment is made.

READING YOUR ACCOUNT STATEMENT

Activity Description. Each transaction and amount credited or charged to your Account during the Account Statement period is described in this section, including any interest charges and the associated Interest Rate. The transaction and posting dates are displayed for each transaction. If the transaction date is not available for any transaction, its posting date is used as the transaction date. Interest is always calculated from the transaction date.

Payments & Interest Rates. This section displays the Minimum Payment and the associated Payment Due Date, your current Account Credit Limit or Card Credit Limit (depending on your Account type), and available credit as of the Statement Date. Your available credit does not reflect transactions or payments made but not received by us by the Statement Date. Your current Interest Rates for Purchases and for Cash Advances are also shown. If either of those rates is an Introductory Interest Rate or Promotional Interest Rate, we will show its expiry date here as well.

Interest Rate Chart. This chart sets out the Interest Rate(s), including any applicable Introductory Interest Rate(s) or Promotional Interest Rate(s), that apply to the New Balance, any remaining balances associated with those rates, and the expiry date for Introductory Interest Rate(s) and/or Promotional Interest Rate(s). Introductory Interest Rate(s) or Promotional Interest Rate(s) and the expiry date for any promotions that we may have offered to you but which you are not using are not indicated in the Interest Rate Chart as they will not have any balances associated with them. If an expiry date falls on a date for which we do not process Account Statements (for example, weekends and certain holidays) we will continue to provide you with the benefit of that Introductory Interest Rate or Promotional Interest Rate until our next statement processing date.

INTEREST AND OTHER CALCULATIONS

Determination of interest. You can avoid interest on Purchases and Fees as long as you continue to pay the New Balance in full by the Payment Due Date every month. If you do not pay the New Balance in full by the Payment Due Date, you will lose your interest-free status for Purchases and Fees. If this happens, you must pay interest on all Purchases and Fees indicated on that month's Account Statement, as well as interest on all new Purchases and new Fees. Interest is calculated from the transaction date, until the day that we process your payment for the total amount that you owe.

Fees are treated in the same manner as Purchases for the purpose of charging interest.

Interest is always charged on a Cash Advance from the day the Cash Advance is made, until the date that we process payment in full for that Cash Advance. A cash withdrawal, a balance transfer, a bill payment (that is not a pre-authorized charge that is set up with a merchant), or a Cash-Like Transaction from an Account, made either at one of our branches, at an ATM or using our digital banking services, is treated as a Cash Advance.

We do not charge interest on interest.

To calculate the interest shown in the "Calculating Your Balance" section of your Account Statement, we add the amount you owe each day, and divide the total by the number of days in the Account Statement period (this is your average daily balance), and we multiply the average daily balance by the applicable daily Interest Rate(s) (obtained by taking the annual Interest Rate(s) and dividing by the number of days in the year). We then multiply this value by the total number of days in the Account Statement period to determine the interest that we charge you. If there is more than one applicable Interest Rate indicated in the Activity Description section, we calculate the amount of interest you owe based on the average daily balances that apply to each Interest Rate.

Applying your payments. We apply payments to your Minimum Payment first. If you pay more than your Minimum Payment, we will apply the amount over the Minimum Payment to the remainder of your New Balance. If the different amounts that make up your New Balance are subject to different Interest Rates, we will allocate your excess payment in the same proportion as each amount bears to the remainder of your New Balance. If you have paid more than your New Balance, we will apply any payment in excess of the New Balance to amounts that have not yet appeared on your Account Statement in the same manner as set out above.

Foreign currency conversion. The exchange rate indicated on your Account Statement, to six decimal places, is calculated by dividing the converted Canadian dollar (CAD) amount, rounded to the nearest cent, by the transaction currency amount. It may differ from the original benchmark rate because of this rounding. The CAD amount charged to your account is 2.5% over the benchmark rate. Some foreign currency transactions are converted directly to CAD, while others may be converted first to U.S. dollars, then to CAD. In either case, the benchmark rate will be the actual exchange rate applied at the time of the conversion, and is generally set daily. The original benchmark rate at the time a transaction was converted may be obtained at visa.com/exchange, if set by Visa, or at mastercard.ca/currency-converter, if set by MasterCard. You can also call us toll-free at 1-800-ROYAL@ 1-2 (1-800-769-2512).

^{6/11} Trademark(s) of Royal Bank of Canada. RBC and Royal Bank are registered trademarks of Royal Bank of Canada.

[†] All other trademarks are the property of their respective owner(s).



98 Cogle Road, P.O. Box 4375
Sussex, NB, E4E 5L5

(506) 433-3757 Fax: (506) 432-9076

INVOICE

NO 167823

DATE 11/27/2025

PAGE 1 of 1

SOLD TO

SHIP TO

Municipality of County of Richmond
clint.samson@richmondcounty.ca
chris.boudreau@richmondcounty.ca

Municipality of County of Richmond
PO: 4910
Site: West Arichat NS
Contract: 43650 AL/GP

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	GST RST	UNIT PRICE	AMOUNT
			AL18-1392N 30x10 2 Office	GS	700.00	700.00
			Step rental	GS	35.00	35.00
			Delivery to site	GS	650.00	650.00
			Return freight	GS	650.00	650.00
			Jackstands (10) and set up	GS	250.00	250.00
			Minimum Cleaning	GS	225.00	225.00
			Insurance by lessee; full coverage all perils insurance by Municipality of County of Richmond; Trailer value \$41,134.00			
			Subtotal:			2,510.00
			GS - GST 14%			
			GS			351.40
			Terms: Net 30. Due 12/27/2025.			
			Goods Rec'd. Date Initial <i>LB</i>			
			Prices Checked			
			Wt. & Ext. Checked			
			Approval for Payment			
			Account Date			
			Paid by Cheque No.			
			Distribution Acc't. No.			
			Alantra Leasing Inc. GS: #100107390			

Credit Card

10242 ALCO 2025/11/27

COMMENTS	TOTAL
28 DAY RENTAL - 12/03/25 - 12/30/25	2,861.40

Alantra Leasing Inc.
 PO Box 4375
 Sussex, New Brunswick E4E 5L5

RECEIPT

Receipt No.: 99443
 11/27/2025

Amount Received \$2,861.40

From:
 Municipality of the County of Richmond
 clint.samson@richmondcounty.ca
 chris.boudreau@richmondcounty.ca

Signature Missisa Jones

Alantra Leasing Inc.					
Municipality of the County of Richmond			11/27/2025	Receipt No.: 99443	
	Discount	Amount Received		Discount	Amount Received
167823		2,861.40			
				Total	2,861.40

Alantra Leasing Inc.					
Municipality of the County of Richmond			11/27/2025	Receipt No.: 99443	
	Discount	Amount Received		Discount	Amount Received
167823		2,861.40			
				Total	2,861.40

ALANTRA LEASING INC
98 COUGLE ROAD
SUSSEX, NB E4E 5L5
506-433-3757

ALANTRA LEASING INC

Date: 11/27/2025 03:49:55 PM

CREDIT CARD SALE

VISA

CARD NUMBER: *****4349 K

TOTAL AMOUNT: \$2,861.40

APPROVAL CD: 086659

RECORD #: 000

CLERK ID: Mirissa

INVOICE #: 167823

X _____

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)



THE MUNICIPALITY
OF THE COUNTY OF

LA MUNICIPALITÉ
DU COMTÉ DE

RICHMOND

Internal Memo

C.B.

To: CAO
From: Chris Boudreau P.Eng.
Date: November 25, 2025
RE: *Public Works Purchase Orders*

The following gives a description of the expenditures related to the attached purchase order. Please note that all costs are pre-tax. If all is in order, please sign this PO in the space indicated "CAO Authorization" and return the signed PO to me for further processing.

PO# 4912

Value: \$1775.00
Supplier Name: Alantra

Description of Expenditure:

This PO covers the rental of a 30 x 10 trailer.

Comments on Purchasing Policy:

Pricing was solicited from 3 suppliers. The lowest quote from Alantra is recommended.



Chris Boudreau P.Eng
Director of Public works

LEASE CONTRACT

LEASE CONTRACT

Quote Number 00043850
 Territory Sydney
 Dealer Alantra/GP

Delivery Date 03/12/2025
 Contact Name Chris Boudreau
 Phone 902-226-3988
 Email chris.boudreau@richmondcounty.ca

Prepared By Amanda Dunn

Account Name Municipality of the County of Richmond
 Preferred Invoice Method Credit Card
 Account Email clint.samson@richmondcounty.ca
 Account Email #2 chris.boudreau@richmondcounty.ca
 Phone 902-226-3988

Dest. Site Name site: WestArichatNS
 Dest. Site Contact Evan Fougere
 Contact Phone 902-623-0963
 Dest. Site Address 634 Nova Scotia 206
 West Arichat, NS,
 B0E 3J0
 Insurance declined
 Trailer Value \$41,134
 Purchase Order # 4910

TRAILER, COMPLEX, OFFICE OR STORAGE UNIT INFORMATION

Asset Selected AL13-1392N

Description	Qty.	Sales Price	Total Price	Recurring Charge
30x10 Office	1.00	\$700.00	\$700.00	✓
Stairs (Minimum)	1.00	\$35.00	\$35.00	✓
Standard Delivery Charge per km up to 10' Wide	130.00	\$5.00	\$650.00	
Setup & Dismantle of Regular Jack Stands	8.00	\$25.00	\$150.00	
Setup & Dismantle of Stabilization Jack Stands	4.00	\$25.00	\$100.00	
Standard Return charge per km up to 10' Wide	130.00	\$5.00	\$650.00	
30x10 Minimum Cleaning Charge - Billed Upon Return	1.00	\$225.00	\$225.00	

-RECURRING CHARGES ARE BILLED EVERY 28 DAYS.

Total One-Time Charges \$1,775.00

-ALL FEES WILL BE BILLED ON THE FIRST INVOICE, UNLESS OTHERWISE NOTED.

Recurring Monthly Total (28 days) \$735.00

-ALL FEES ARE SUBJECT TO TAXES.

Total Price \$2,510.00

-OPTIONAL INSURANCE COVERS FIRE & THEFT OF TRAILER ONLY. DOES NOT COVER VANDALISM OR OTHER PHYSICAL DAMAGE.

This lease is not transferable to another party.

1. All payments will not be applied towards trailer purchases.
2. The customer agrees that the trailer site is accessible, level and properly prepared on solid gravel base. Delays in excess of 1 hour as a result of additional blocking due to not level sites, waiting for site access or weather delays will be charged to the customer for truck and driver and record if applicable. Overtime will be charged at 1.5 times the rate when applicable.
3. All trailers comes with an 8' mast with it's trailers due to transportation laws. If a higher mast is required, it is the responsibility of the Lessee to have the electrician supply and install the higher mast and to have the higher mast removed at the end of the rental period and the original 8' mast reinstalled.

LEASE CONTRACT

4. Written notices required for all trailer pick up or relocation.
5. It is the responsibility of the lessee to ensure that the trailer is adequately secured to the ground to prevent it from moving or rolling over during extremely high wind situations.
6. Lessee must be contacted and issue a PO prior to 3rd Party service work is scheduled.
7. For remote locations, labor & shipping of materials for any service work will be charged to the customer.
8. Alantra employees are not permitted on-site to do repairs, Alantra will supply parts only. Labour will be the responsibility of the lessee.
9. For trailers located in a remote locations, the lessee is responsible and will be invoiced for all Alantra products/equipment from the date of purchase is dropped at departure location until date returned (e.g. port or train station).
10. **REFRIGERATOR APPLICATIONS:** Refrigerator must stand in upright position for 24 hours prior to being plugged in. Failure to comply may result in damage to the refrigerator & charges to the customer.
11. It is the responsibility of the lessee to have all filters properly cleaned and/or replaced monthly or as applicable for all ventilation systems including wall-mounted A/Cs, ceiling-mounted A/Cs, ERVs & HRVs, filtration systems, etc.
12. The lessee is responsible for the replacement of all interior and exterior light bulbs in the lighting fixtures.
13. It is the responsibility of the lessee to lubricate all door keyways with graphite powder every 6 months.
14. The lessee is responsible for any damage to the interior or exterior of the trailer due to any harsh environment or activity the trailer is subjected to.
15. Lessee will not place anything on the roof or attach anything to the roof of the trailer to avoid damage to the EPDM roofing.

Washroom Trailers

1. Lessee is responsible for damage due to freezing of water pipes and plumbing fixtures if heat is turned off and unit left without power. Lessee is responsible to ensure washroom trailers are winterized by a Professional Plumber, before the power is turned off. Cleaning and freezing of the pipes, pumps, water heaters, water tanks etc. This winterization must be done all year round. Trailers that are not winterized without being winterized will result in an additional fee charged of \$500 for self-contained washrooms and \$150 for non self-contained washrooms, to cover the cost of the antifreeze & labour. Lessee will also be charged to repair or replace any plumbing fixtures. Lessee is responsible for any and all costs incurred to have sewer lines unplugged or sewer pumps services due to the use of anything other than toilet paper (maximum 2 ply), such as rags, paper towel, hand wipes or any feminine hygiene products. Lessee is responsible for power hookup/disconnect, pumping/filling of tanks, and replenishing of toilet paper and soap. The Lessee is responsible for the cost to fill water tanks or empty sewer tanks that may be required due to any issues with the plumbing system.
2. Lessee is responsible for the cost to fill water tanks or empty sewer tanks that may be required due to any issues with the plumbing system.
3. All winterization and shutdown (winterizing) procedures are the responsibility of the lessee.
4. Lessee is liable for any damage or issues with the plumbing system caused by the usage of dirty or unfiltered water.

Signed by Customer:

Chris Sanderson

Name of the:

Chris Sanderson

Date:

November 27, 2025

Signed by Alantra Leasing Inc. Representative

Amanda Dunn

Name printed:

Amanda Dunn

Date:

November 25 2025

TERMS & CONDITIONS

- A. Alantra Leasing Inc. is hereinafter referred to as "the Owner" and the customer is hereinafter referred to as "the Lessee".
- B. Unless otherwise stated, the quotations on the reverse side hereof are for acceptance within thirty (30) days and are subject to change without notice.
- C. Prices and delivery dates quoted are contingent upon receiving complete information from the Lessee at the time of ordering.
- D. All prices are subject to the Owner's approval with respect to the credit of the Lessee.
- E. Owner shall not be liable for any loss, damage, detention or delay resulting from causes beyond reasonable control, such as fire, flood, strike, riots, government or military authority or delays in transportation affecting the Owner's operations and the operations of its Owner's suppliers. Neither will claims for contingent liability nor consequential damage be accepted by the Owner, arising out of or indirectly out of the supplying of the equipment whether on guarantees or otherwise howsoever. The Owner will not accept any responsibility, expense or liability for repairs or alteration to equipment for damages resulting from improper storage or handling prior to packing and shipping services.
- F. If the equipment furnished by the Owner to the Lessee has been manufactured by the Owner from drawings, designs, and other specifications provided by the Lessee, the Owner will not be liable for any defects in the equipment or parts thereof arising from said drawings, designs and specifications.
- G. In the event the Lessee cancels or defers shipment of the equipment ordered by the Lessee, then the Lessee shall indemnify and save harmless the Owner from any and all loss which the Owner may suffer by reason of such cancellation or deferral as aforesaid.
- H. Claims for loss, damage or damage in transit shall be made in writing by the Lessee to the Owner within Ten (10) days of receipt of shipment of the equipment.
- I. Upon acceptance of the quotation herein referred to as "the Lessee" by the Lessee, the terms and conditions herein and in the quotation shall apply between the Lessee and the Owner and shall constitute the entire agreement between the Owner and the Lessee with respect to the purchase of the said equipment.

Registered Legal Company Name and Operating Name:	
Municipality of the County of Richmond	
Billing Address:	
2357 Highway 206, PO Box 120, Arichat, N.S, B0E 1A0	
Phone: (902)226-2400	Fax: (902)226-0295
Accounts Payable Contact:	
Clint Samson, Revenue Manager	
Phone: (902)226-3975	csamson@richmondcounty.ca
GST/HST #:	
13029 3939 RT0001	
Bank Reference:	
Royal Bank of Canada, St. Peters, NS	
Phone: (902)565-5223	Contact: Ken MacKinnon
Trade References:	
B & N Distributors	Port Hawkesbury, N.S (902)625-5111
Strait Supplies	Port Hawkesbury, N.S (902)625-1876
Peter Covin's Contracting	West Arichat, N.S (902)226-0277
Company Principal Responsible for Business Transactions:	
Kathleen Jeffrey, Director of Finance	
Phone: (902)226-3973	CFO@richmondcounty.ca

INSTRUCTIONS:

- 1. Complete form with credit card billing information
- 2. Required Fields marked with *
- 3. Sign where indicated
- 4. Email form to info@alantraleasing.com or Fax to 506-432-9076
- 5. Call your Sales Rep with the credit card # (privacy reasons)

* Business Name Municipality of the County of Richmond

I understand that the following payment will be non-refundable.
I authorize Alantra Leasing Inc. to charge my credit card in the amount of:

One time charge: \$ 2,510.00 CAD First payment only

Monthly charge: \$ 735.00 CAD

Contract Number: 43650

* Name (please print) Chris Boudreau

* Signature: Chris Boudreau

* Date 11/27/25 mm/dd/yy

* Cardholder Name: Troy MacCulloch

* Credit Card Type: Visa

* Card Number - PLEASE CALL YOUR ALANTRA REP WITH CARD NUMBER. **CVV NUMBER REQUIRED

* Expiry Date: 11/27

* Card Billing Address: 235th Highway 206

* City: Amichat

* Postal Code: B0E 1A0 *Province: NS

* Phone Number: 902 226 2400

* Fax Number: 902 226 0295

* Email Address: clint.seamson@richmondcounty.ca

NOTE: No product will be released until payment has been made in full.

HEAD OFFICE: 98 Coughle Road Sussex Corner NB E4E 5L5 Canada Tel: (506) 433-3757 Fax: (506) 432-9076
www.alantraleasing.com



Alantra Leasing Inc/Locations Alantra Inc.
 PO Box 4375, 98 Cogle Road
 Sussex, NB E4E 5L5
 PH: (506)-433-3757 or (800)-456-1800
accounts@alantraleasing.com

CREDIT APPLICATION

CUSTOMER INFO

Name of Business _____
 (Legal Registered Name) _____
 Trade Style _____ Type of Business (Inc, Ltd, Sole, Partnership) _____
 Address _____
 Phone _____ Fax _____
 Email _____

ACCOUNT INFO

Name of Principals & Title _____
 Name of Principals & Title _____
 Accounts Payable Contact _____
 Name _____
 Phone _____
 Preferred Method of Invoices Mail Fax Email
 Payment Acquired? YES NO
 Bank Name & Address _____
 Bank Manager Name & Phone _____

SUPPLIER REFERENCES (Minimum of 3 required)

Company Name	City & Phone	Email/Fax
See attached		

I hereby declare that the above information is true, correct and complete and is given to induce Alantra Leasing Inc to extend credit. We authorize Alantra Leasing Inc. to make such credit investigations as the company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to Alantra Leasing Inc. any and all information concerning the financial credit history of the company and co buyer (Guarantor).

Chris Bradman Print name & title *Chris Bradman*

 Print name & title *Director of Public Works*



Invoice

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Billing Profile Municipality of the County of Richmond
 Tax Invoice Number CA-TI2502744135
 Tax Invoice Date 05/12/2025

Sold To	Bill To
Municipality of the County of Richmond	Municipality of the County of Richmond
PO Box 120	2357 Highway 206
2357 Highway 206	Arichat
Arichat	NS
NS	B0E 1A0
B0E1A0	CA
CA	

This invoice is for the billing period 22/11/2025 - 30/11/2025

Section Summary

Section Name	Charges (CAD)	Credits (CAD)	Tax Amount (CAD)	Total (including Tax) (CAD)
Municipality of the County of Richmond	340.79	(237.91)	14.40	117.28
Total				117.28

Billing Details By Product

Municipality of the County of Richmond

Microsoft Defender for Office 365 (Plan 2) - One-Year commitment for monthly/yearly billing

Purchases	Unit Price (CAD)	Qty	Charges/Credits (CAD)	GST/HST	Tax Amount (CAD)	Total (including Tax) (CAD)
Charge Start Date - Charge End Date						
25/11/2025-21/12/2025	6.43	46	295.78	14.00%	41.40	337.18
License change (+14) on 25/11/2025 - Pro-rated charge for final qty. Refund added in credit note						
Total subscription qty: 46						
25/11/2025-21/12/2025	(6.43)	31	(199.33)	14.00%	(27.90)	(227.23)
License change (-31) on 25/11/2025 - Pro-rated refund for qty reduced						
Total subscription qty: 15						
25/11/2025-21/12/2025	6.43	7	45.01	14.00%	6.30	51.31
License change (+7) on 25/11/2025 - Pro-rated charge for qty added						
Total subscription qty: 22						
25/11/2025-21/12/2025	(6.43)	6	(38.58)	14.00%	(5.40)	(43.98)
License change (-6) on 25/11/2025 - Pro-rated refund for qty reduced						
Total subscription qty: 16						

Subtotal 102.88

Azure Credit
Total

0
CAD 117.28



Credit Adjustment Note

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 CanadaGST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Billing Profile Municipality of the County of Richmond
 Credit Note Number CA-CN2S00117750
 Credit Note Date 23/11/2025

Sold To	Bill To
Municipality of the County of Richmond	Municipality of the County of Richmond
PO Box 120	2357 Highway 206
2357 Highway 206	Arichat
Arichat	NS
NS	80E 1A0
BOE1A0	CA
CA	

This credit note is for the billing period 22/11/2025 - 30/11/2025

Credit Details By Product

Municipality of the County of Richmond

Microsoft Defender for Office 365 (Plan 2) - One-Year commitment for monthly/yearly billing

Purchases Charge Start Date - Charge End Date	Unit Price (CAD)	Qty	Charges/ Credits (CAD)	Tax Amount		Total (including Tax) (CAD)
				GST/HST	(CAD)	
25/11/2025-21/12/2025	6.43	32	205.76	14.00%	28.80	234.56
License change (+14) on 25/11/2025 - Pro-rated refund for original qty Invoice number: G125553669						

Subtotal	205.76
Azure Credit	0.00
Credit Note Total	CAD 234.56

The credit of 234.56 CAD can be applied towards future invoices.
 Reason: Returned goods



Billing Summary

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Summary

Billing Profile: Troy MacCulloch
 Billing Number: G128167919
 Document Date: 09/12/2025

Sold To
 Municipality of the County of
 Richmond
 2357 Highway 206
 Arichat
 NS
 B0E1A0
 CA

Bill To
 Municipality of the County of
 Richmond
 2357 Highway 206
 Arichat
 NS
 B0E1A0
 CA

Total Amount
Due on 09/12/2025

CAD 180.04

Questions on your bill? Visit <https://aka.ms/invoice-billing>

This invoice is for the billing period 01/11/2025 - 30/11/2025

This bill contains the charges for your purchases and services consumed from Microsoft. Find more details about your bill at <https://admin.microsoft.com/Adminportal/Home#/billoverview/invoice-list/G128167919>

Billing Summary

Charges	157.93
Subtotal	157.93
GST/HST (14.00%)	22.11
Total (including Tax)	CAD 180.04

Payment Instructions:

Your account has a credit card on file and there is no action for you to take. The card you have on file will be charged.

Payment should only be made by Electronic Funds Transfer.
Do not send any physical payment to any address on this invoice.

Mac3

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <i>10-212-2160-212300</i>	



Invoice

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Billing Profile
 Tax Invoice Number
 Tax Invoice Date

Troy MacCulloch
 CA-TI2502783143
 09/12/2025

Sold To	Bill To
Municipality of the County of Richmond	Municipality of the County of Richmond
2357 Highway 206	2357 Highway 206
Arichat	Arichat
NS	NS
B0E1A0	B0E1A0
CA	CA

This invoice is for the billing period 01/11/2025 - 30/11/2025

Section Summary

Section Name	Charges (CAD)	Tax Amount (CAD)	Total (including Tax) (CAD)
Municipality of the County of Richmond	157.93	22.11	180.04
Total			180.04

Billing Details By Product

Municipality of the County of Richmond

Usage Charges - Microsoft Azure Standard

Purchases Charge Start Date - Charge End Date	Charges/ Credits (CAD)	GST/HST	Tax Amount (CAD)	Total (including Tax) (CAD)
Security 01/11/2025-30/11/2025	6.82	14.00%	0.95	7.77
Microsoft Syntex 01/11/2025-30/11/2025	151.11	14.00%	21.16	172.27

Subtotal	157.93
Azure Credit	0
Total	CAD 180.04



Payment Instructions:

Your account has a credit card on file and there is no action for you to take. The card you have on file will be charged.

Exchange rate

Pricing Currency	Exchange rate to CAD	Date range
USD	1.38955	01/11/2025-30/11/2025

Learn more about how the exchange rate was calculated:

<https://go.microsoft.com/fwlink/?linkid=2034352>

Tax is calculated in your billing currency

Clint Samson

From: allNovaScotia.com <payments@allnovascotia.com>
Sent: December 16, 2025 10:31 AM
To: Clint Samson
Subject: Receipt1325 - allNovaScotia

allNovaScotia.
Business Office
PO Box 2621
Halifax, NS
B3J 3P7

14553

GST # 87179 9342 RT0001
QCJO # Q8163149

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution No. 212 2160 212 370	

Receipt # 1325-M19972

December 10, 2025

The following charge for the 4-week billing cycle between December 10, 2025 and January 06, 2026 has been applied to the credit card we have on file ending in **4349**.

39.00 plus 5.46 tax = \$44.46

This charge by **allBusiness Online News Group** is for payment of an allNovaScotia subscription, an online business news service.

This payment is for account **M19972**, which holds the following licensed users:

Troy MacCulloch

For individuals eligible to claim the Digital News Subscription Tax Credit, your year-to-date subscription cost is 577.98 including hst.

Thank you for supporting independent, local journalism.

Thank you,
Lauren Armstrong

Subscription Department
1-877-240-4130
All Business Online News Group

RECEIPT

PAGE: 1
 December 12, 2025
 FOLDER NO: AYA838
 CUSTOMER NO: 5
 MUNICIPALITY OF RICHMOND COUNTY

FOR TRANSACTIONS:

TITLE IN-PROVINCE VEHICLE	13.20
PERMIT VEHICLE	276.50
TITLE IN-PROVINCE VEHICLE	13.20
PERMIT VEHICLE	276.50
TITLE IN-PROVINCE VEHICLE	13.20
PERMIT VEHICLE	446.80

TOTAL PAID:

1,038.60

CREDIT CARD

MS53

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	<i>g</i>
Add. & Ext. Checked.....	<i>d</i>
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution to	<i>2423080 242320</i>

RMV PORT HAWKESBURY
218 MACSWEEN ST
SUITE 22
PORT HAWKESBURY, NS
B9A2J9
1-800-670-4357

SALE

REF#: 00000029
Batch #: 032 SEQ: 032001001029
12/12/25 10:29:50
APPR CODE: 085210
VISA
*****4349C **/**

AMOUNT CAD \$1,038.60

00 - APPROVED - 001

VISA CREDIT
AID: A000000031010
TVR: 00 80 00 80 00
TSE: E8 00

Thank You
Please Come Again

CUSTOMER COPY

COURTYARD®

BY MARRIOTT

Courtyard by Marriott® Courtyard Halifax Dartmouth
 35 Shubie Drive, Dartmouth, NS B3B0N4 P 902.406.3000
 Marriott.com/YHZCD

D. Bowen

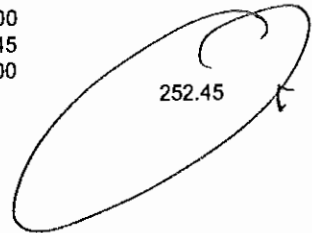
Room: 211
 Room Type: GENR
 Number of Guests: 1
 Rate: \$215.00

Clerk:

Arrive: 16Dec25 Time: 08:21PM Depart: 17Dec25 Time: 11:00AM Folio Number: 77270

DATE	DESCRIPTION	CHARGES	CREDITS
16Dec25	Room Charge	215.00	
16Dec25	Marketing Levy	6.45	
16Dec25	Hst - Harmonized Sales Tax	31.00	
17Dec25	Visa		252.45
		BALANCE:	0.00

Card #: VXXXXXXXXXXXX4349XXXX
 Amount: 252.45 Auth: 032581
 This card was electronically swiped on 16Dec25



As a Marriott Bonvoy Member, you could have earned points towards your free dream vacation today. Start earning points and Elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

Hst #77606 5096 Rt0001

See our "Privacy & Cookie Statement" on Marriott.com.

HST 3

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution	10 2423080 242210

Credit Card

Operated under license from Marriott International, Inc. or one of its affiliates.

Bring the Courtyard sleep experience home with you. Visit ShopCourtyard.com.

TRANSACTION RECORD

ARICHAT PO
2541 HWY 206
ARICHAT, NS B0E 1A0

TYPE: PURCHASE
ACCT: VISA
AMOUNT:

\$ 982.12

CARD #: *****4349
DATE: 2025-12-19
TIME: 14:38:36
REF #: 0010017320 C
AUTH #: 051023
VISA CREDIT
A0000000031010
0080008000 E800

INV # 2513246

01 Approved - Thank You 027

IMPORTANT - retain this copy for
your records

CUSTOMER COPY

H53

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approved for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No.....	10 270 4120 270210 ✓



Neighbourhood Mail™
Delivery Slip

Feuille de dépôt
Courrier de quartier™

Upon receipt
Sur réception or/ou

Delivery Start Date		Premier jour	
Year	Month	Day	Hour
1997	09	17	

Customer Identification		Identification du client		Delivery Instructions		Instructions de livraison	
Customer Name Nom du client	Customer/Acct No. N° du client/compte	Customer/Acct No. N° du client/compte	Customer/Acct No. N° du client/compte	Delivery Office Address Adresse du bureau de livraison	123		
Mailed by (Name and complete address)	Expédié par (nom et adresse complète)	Customer/Acct No. N° du client/compte	Customer/Acct No. N° du client/compte	FSA(s), Delivery Mode(s) and Number(s)			
123 456 789		123 456 789		Indicate specific FSA(s), Delivery Mode(s) and Number(s):			
Title of mail piece Titre de l'article		<input type="checkbox"/> Version specific		Coverage - Indicate if delivery required to:		Couverture - Indiquez le mode de distribution:	
Statement of Mailing No. N° de déclaration de dépôt		Office of payment Bureau de paiement		<input checked="" type="checkbox"/> Houses Domiciles		<input checked="" type="checkbox"/> Apartments Appartements	
Weight per item (g)	Poids par article (g)	Items per bundle	Articles par liasse	Number of residue items	Nombre des articles résiduels	Size Selection	Dimensions
100	100	1	1	1	1	Standard Up to 30.5 x 15.24 cm (12" X 6")	Over size 1 Up to 30.5 x 28 cm (12 X 11")
Number of containers	Nombre de conteneurs	Number of bundles	Nombre de liasses	Total Number of items	Nombre total des articles	Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)	Over size 2 Up to 35.56 x 28 cm (14" X 11")
1	1	1	1	1	1	Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)	Over size 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)

FOR CPC USE ONLY		A L'USAGE DE LA SCP SEULEMENT	
Receipt - Office of Delivery Signature	Reception - Bureau de livraison Date	Time	Hour
Delivery completed Signature		Livraison complétée Date	

0 065 189 728 2



Neighbourhood Mail™
Delivery Slip

Feuille de dépôt
Courrier de quartier™

Upon receipt
Sur réception or/ou

Delivery Start Date		Premier jour	
Year	Month	Day	Hour
1997	09	17	

Customer Identification		Identification du client		Delivery Instructions		Instructions de livraison	
Customer Name Nom du client	Customer/Acct No. N° du client/compte	Customer/Acct No. N° du client/compte	Customer/Acct No. N° du client/compte	Delivery Office Address Adresse du bureau de livraison	123		
Mailed by (Name and complete address)	Expédié par (nom et adresse complète)	Customer/Acct No. N° du client/compte	Customer/Acct No. N° du client/compte	FSA(s), Delivery Mode(s) and Number(s)			
123 456 789		123 456 789		Indicate specific FSA(s), Delivery Mode(s) and Number(s):			
Title of mail piece Titre de l'article		<input type="checkbox"/> Version specific		Coverage - Indicate if delivery required to:		Couverture - Indiquez le mode de distribution:	
Statement of Mailing No. N° de déclaration de dépôt		Office of payment Bureau de paiement		<input checked="" type="checkbox"/> Houses Domiciles		<input checked="" type="checkbox"/> Apartments Appartements	
Weight per item (g)	Poids par article (g)	Items per bundle	Articles par liasse	Number of residue items	Nombre des articles résiduels	Size Selection	Dimensions
100	100	1	1	1	1	Standard Up to 30.5 x 15.24 cm (12" X 6")	Over size 1 Up to 30.5 x 28 cm (12 X 11")
Number of containers	Nombre de conteneurs	Number of bundles	Nombre de liasses	Total Number of items	Nombre total des articles	Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)	Over size 2 Up to 35.56 x 28 cm (14" X 11")
1	1	1	1	1	1	Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)	Over size 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)

FOR CPC USE ONLY		A L'USAGE DE LA SCP SEULEMENT	
Receipt - Office of Delivery Signature	Reception - Bureau de livraison Date	Time	Hour
Delivery completed Signature		Livraison complétée Date	

0 065 189 727 2



Neighbourhood Mail™
Delivery Slip

Feuille de dépôt
Courrier de quartier™

Upon receipt
Sur réception or/ou

Delivery Start Date
Premier jour
Year Année Month Mois Day Jour

Customer Identification Identification du client

Customer Name Nom du client
Customer/Acct No. N° de client/compte
Mailed by Expédié par
(Name and complete address) (nom et adresse complète)
Customer/Acct No. N° de client/compte

2007 11/14/06
ARNDT N.S. B.O.E. 190

Delivery Instructions Instructions de livraison

Delivery Office Address Adresse du bureau de livraison
FSA(s), Delivery Mode(s) and Number(s)
RTA, mode(s) de livraison et numéro(s)
All FSA's, Delivery Modes and Numbers
Tous les RTA, modes de livraison et numéros

11000000
BOE 190

Title of mail piece Titre de l'article
Version specific Version spécifique

Statement of Mailing No. N° de déclaration de dépôt
Office of payment Bureau de paiement

Weight per item (g) Poids par article (g)
Items per bundle Articles par liasse
Number of containers Nombre de conteneurs
Number of bundles Nombre de liasses
Total Number of items Nombre total des articles

Coverage - Indicate if delivery required to: Couverture - Indiquez le mode de distribution:
Houses Domiciles
Apartments Appartements
Farms Fermes
Businesses Commerces

Size Selection Sélection de taille
Standard Up to 30.5 x 15.24 cm (12" x 6")
Oversize 1 Up to 30.5 x 28 cm (12 x 11")
Oversize 2 Up to 35.56 x 28 cm (14" x 11")
Standard Jusqu'à 30,5 cm x 15,24 cm (12 po x 6 po)
Surdimensionné 1 Jusqu'à 30,5 cm x 28 cm (12 po x 11 po)
Surdimensionné 2 Jusqu'à 35,56 cm x 28 cm (14 po x 11 po)



0 065 189 726

FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT
Receipt - Office of Delivery Réception - Bureau de livraison
Signature Date Time Heure Delivery completed Livraison complétée Date

Mailer Copy

Copie de l'expéditeur

2



Neighbourhood Mail™
Delivery Slip

Feuille de dépôt
Courrier de quartier™

Upon receipt
Sur réception or/ou

Delivery Start Date
Premier jour
Year Année Month Mois Day Jour

Customer Identification Identification du client

Customer Name Nom du client
Customer/Acct No. N° de client/compte
Mailed by Expédié par
(Name and complete address) (nom et adresse complète)
Customer/Acct No. N° de client/compte

2007 11/14/06
ARNDT N.S. B.O.E. 190

Delivery Instructions Instructions de livraison

Delivery Office Address Adresse du bureau de livraison
FSA(s), Delivery Mode(s) and Number(s)
RTA, mode(s) de livraison et numéro(s)
All FSA's, Delivery Modes and Numbers
Tous les RTA, modes de livraison et numéros

11000000
BOE 190

Title of mail piece Titre de l'article
Version specific Version spécifique

Statement of Mailing No. N° de déclaration de dépôt
Office of payment Bureau de paiement

Weight per item (g) Poids par article (g)
Items per bundle Articles par liasse
Number of containers Nombre de conteneurs
Number of bundles Nombre de liasses
Total Number of items Nombre total des articles

Coverage - Indicate if delivery required to: Couverture - Indiquez le mode de distribution:
Houses Domiciles
Apartments Appartements
Farms Fermes
Businesses Commerces

Size Selection Sélection de taille
Standard Up to 30.5 x 15.24 cm (12" x 6")
Oversize 1 Up to 30.5 x 28 cm (12 x 11")
Oversize 2 Up to 35.56 x 28 cm (14" x 11")
Standard Jusqu'à 30,5 cm x 15,24 cm (12 po x 6 po)
Surdimensionné 1 Jusqu'à 30,5 cm x 28 cm (12 po x 11 po)
Surdimensionné 2 Jusqu'à 35,56 cm x 28 cm (14 po x 11 po)



0 065 189 725

FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT
Receipt - Office of Delivery Réception - Bureau de livraison
Signature Date Time Heure Delivery completed Livraison complétée Date

Mailer Copy

Copie de l'expéditeur

2



Neighbourhood Mail™
Delivery Slip

Feuille de dépôt
Courrier de quartier™

Upon receipt
Sur réception or/ou

Delivery Start Date Premier jour
Year Année Month Mois Day Jour
2011 05 17

Customer Identification / Identification du client

Customer Name / Nom du client: *Mr. & Mrs. Williams*

Mailed by / Expédié par: *Mr. & Mrs. Williams*

Customer/Acct No. / N° de client/compte: *12345678*

Delivery Instructions / Instructions de livraison

Delivery Office Address / Adresse du bureau de livraison: *1234 Main St.*

FSA(s), Delivery Mode(s) and Number(s) / RTA, mode(s) de livraison et numéro(s): *1234*

All FSAs, Delivery Modes and Numbers / Tous les RTA, modes de livraison et numéros:

Title of mail piece / Titre de l'article: *Business Cards*

Statement of Mailing No. / N° de déclaration de dépôt: *12345678*

Office of payment / Bureau de paiement: *1234 Main St.*

Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:

Houses / Domiciles Apartments / Appartements Farms / Fermes Businesses / Commerces

Size Selection / Dimensions

Standard Up to 30.5 X 15.24 cm (12" X 6") / Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)

Over-size 1 Up to 30.5 x 28 cm (12 X 11") / Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)

Over-size 2 Up to 35.56 x 28 cm (14" X 11") / Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)

Thickness/Épaisseur: More than 1.91 cm (0.75") / Plus de 1,91 cm (0,75 po)

40-076-527 (17-12)

Weight per item (g) / Poids par article (g): *100*

Number of containers / Nombre de conteneurs: *100*

Items per bundle / Articles par liasse: *100*

Number of bundles / Nombre de liasses: *100*

Total Number of items / Nombre total des articles: *100*

FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT

Receipt - Office of Delivery / Réception - Bureau de livraison

Signature / Signature: *[Signature]*

Date / Date: *2011-05-17*



0 065 189 724

Mailier Copy

Copie de l'expéditeur

2



Neighbourhood Mail™
Delivery Slip

Feuille de dépôt
Courrier de quartier™

Upon receipt
Sur réception or/ou

Delivery Start Date Premier jour
Year Année Month Mois Day Jour
2011 05 17

Customer Identification / Identification du client

Customer Name / Nom du client: *Mr. & Mrs. Williams*

Mailed by / Expédié par: *Mr. & Mrs. Williams*

Customer/Acct No. / N° de client/compte: *12345678*

Delivery Instructions / Instructions de livraison

Delivery Office Address / Adresse du bureau de livraison: *1234 Main St.*

FSA(s), Delivery Mode(s) and Number(s) / RTA, mode(s) de livraison et numéro(s): *1234*

All FSAs, Delivery Modes and Numbers / Tous les RTA, modes de livraison et numéros:

Title of mail piece / Titre de l'article: *Business Cards*

Statement of Mailing No. / N° de déclaration de dépôt: *12345678*

Office of payment / Bureau de paiement: *1234 Main St.*

Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:

Houses / Domiciles Apartments / Appartements Farms / Fermes Businesses / Commerces

Size Selection / Dimensions

Standard Up to 30.5 X 15.24 cm (12" X 6") / Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)

Over-size 1 Up to 30.5 x 28 cm (12 X 11") / Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)

Over-size 2 Up to 35.56 x 28 cm (14" X 11") / Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)

Thickness/Épaisseur: More than 1.91 cm (0.75") / Plus de 1,91 cm (0,75 po)

40-076-527 (17-12)

Weight per item (g) / Poids par article (g): *100*

Number of containers / Nombre de conteneurs: *100*

Items per bundle / Articles par liasse: *100*

Number of bundles / Nombre de liasses: *100*

Total Number of items / Nombre total des articles: *100*

FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT

Receipt - Office of Delivery / Réception - Bureau de livraison

Signature / Signature: *[Signature]*

Date / Date: *2011-05-17*



0 065 189 723

Mailier Copy

Copie de l'expéditeur

2

Upon receipt Sur réception or/ou

Delivery Start Date Premier jour
Year Année: 1997 Month Mois: 07 Day Jour: 17

Customer Identification

Identification du client

Delivery Instructions

Instructions de livraison

Customer Name / Nom du client: *Centre de Révisions*
 Customer/Account No. / N° du client/compte:
 Mailed by / Expédié par:
 (Name and complete address) / (nom et adresse complète):
 2327 Hwy 406
 Aricoma, NS B0E 1A0

Delivery Office Address / Adresse du bureau de livraison: *2327 Hwy 406*
B0E 1A0

Title of mail piece / Titre de l'article: *REVISIONS*
 Version specific / Version spécifique

FSA(s), Delivery Mode(s) and Number(s) / RTA, mode(s) de livraison et numéro(s):
 All FSAs, Delivery Modes and Numbers / Tous les RTA, modes de livraison et numéros

Statement of Mailing No. / N° de déclaration de dépôt:
 Office of payment / Bureau de paiement: *ARICOMA*

Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:
 Houses Domiciles Apartments Appartements Farms Fermes Businesses Commerces

Weight per item (g) / Poids par article (g): *200*
 Items per bundle / Articles par liasse:
 Number of containers / Nombre de conteneurs:
 Total Number of Items / Nombre total des articles: *250*

Size Selection / Dimensions:
 Standard Up to 30.5 X 15.24 cm (12" X 6")
 Oversize 1 Up to 30.5 X 28 cm (12 X 11")
 Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)
 Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)
 Oversize 2 Up to 35.56 X 28 cm (14" X 11")
 Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)
 Thickness/Épaisseur: More than 1.91 cm (0.75") / Plus de 1,91 cm (0,75 po)



0 065 189 722

FOR CPC USE ONLY / A L'USAGE DE LA SCP SEULEMENT
 Receipt - Office of Delivery / Réception - Bureau de livraison
 Signature: _____ Date: _____ Time Heure: _____
 Delivery completed / Livraison complétée
 Signature: _____ Date: _____

Mailer Copy

Copie de l'expéditeur

Upon receipt Sur réception or/ou

Delivery Start Date Premier jour
Year Année: 1997 Month Mois: 07 Day Jour: 17

Customer Identification

Identification du client

Delivery Instructions

Instructions de livraison

Customer Name / Nom du client: *Centre de Révisions*
 Customer/Account No. / N° du client/compte:
 Mailed by / Expédié par:
 (Name and complete address) / (nom et adresse complète):
 2327 Hwy 406
 Aricoma, NS B0E 1A0

Delivery Office Address / Adresse du bureau de livraison: *2327 Hwy 406*
B0E 1A0

Title of mail piece / Titre de l'article: *REVISIONS*
 Version specific / Version spécifique

FSA(s), Delivery Mode(s) and Number(s) / RTA, mode(s) de livraison et numéro(s):
 All FSAs, Delivery Modes and Numbers / Tous les RTA, modes de livraison et numéros

Statement of Mailing No. / N° de déclaration de dépôt:
 Office of payment / Bureau de paiement: *ARICOMA*

Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:
 Houses Domiciles Apartments Appartements Farms Fermes Businesses Commerces

Weight per item (g) / Poids par article (g): *200*
 Items per bundle / Articles par liasse:
 Number of containers / Nombre de conteneurs:
 Total Number of Items / Nombre total des articles: *250*

Size Selection / Dimensions:
 Standard Up to 30.5 X 15.24 cm (12" X 6")
 Oversize 1 Up to 30.5 X 28 cm (12 X 11")
 Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)
 Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)
 Oversize 2 Up to 35.56 X 28 cm (14" X 11")
 Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)
 Thickness/Épaisseur: More than 1.91 cm (0.75") / Plus de 1,91 cm (0,75 po)



0 065 189 721

FOR CPC USE ONLY / A L'USAGE DE LA SCP SEULEMENT
 Receipt - Office of Delivery / Réception - Bureau de livraison
 Signature: _____ Date: _____ Time Heure: _____
 Delivery completed / Livraison complétée
 Signature: _____ Date: _____

Mailer Copy

Copie de l'expéditeur

Upon receipt
Sur réception or/ou

Delivery Start Date Premier Jour
Year Année Month Mois Day Jour

Customer Identification

Identification du client

Delivery Instructions

Instructions de livraison

Customer Name Nom du client
Way of Leonard

Mailed by Expédié par
(Name and complete address) (nom et adresse complète)
*2007 Hwy 256
Arichat, N.S. B0C 1A0*

Customer/Acct No. N° de client/compte

Delivery Office Address Adresse du bureau de livraison
*2007 Hwy 256
Arichat N.S. B0C 1A0*

Title of mail piece Titre de l'article
Collectibles

Version specific Version spécifique

FSA(s), Delivery Mode(s) and Number(s) RTA, mode(s) de livraison et numéro(s)
Indicate specific FSA(s), Delivery Mode(s) and Number(s): Précisez les RTA, les modes de livraison et numéros:

Statement of Mailing No. N° de déclaration de dépôt

Office of payment Bureau de paiement
ARICHAT

Weight per item (g) Poids par article (g)
1001

Items per bundle Articles par liasse

Number of residue items Nombre des articles résiduels

Number of containers Nombre de conteneurs

Total Number of items Nombre total des articles
175

Coverage - Indicate if delivery required to: Couverture - Indiquez le mode de distribution:

Houses Domiciles Apartments Appartements Farms Fermes Businesses Commerces

Size Selection Dimensions Thickness/Épaisseur

Standard Up to 30.5 X 15.24 cm (12" X 6") Oversize 1 Up to 30.5 x 28 cm (12 X 11") Oversize 2 Up to 35.55 X 28 cm (14" X 11") More than 1.91 cm (0.75")

Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po) Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po) Plus de 1,91 cm (0,75 po)

40-076-527 (17-12)



0 065 189 720

FOR CPC USE ONLY A L'USAGE DE LA SCP SEULEMENT

Receipt - Office of Delivery Réception - Bureau de livraison

Signature Date Time Heure Delivery completed Livraison complétée

Mailer Copy Copie de l'expéditeur 2

Upon receipt
Sur réception or/ou

Delivery Start Date Premier Jour
Year Année Month Mois Day Jour

Customer Identification

Identification du client

Delivery Instructions

Instructions de livraison

Customer Name Nom du client
Way of Leonard

Mailed by Expédié par
(Name and complete address) (nom et adresse complète)
*2007 Hwy 256
Arichat, N.S. B0C 1A0*

Customer/Acct No. N° de client/compte

Delivery Office Address Adresse du bureau de livraison
*2007 Hwy 256
Arichat N.S. B0C 1A0*

Title of mail piece Titre de l'article
Collectibles

Version specific Version spécifique

FSA(s), Delivery Mode(s) and Number(s) RTA, mode(s) de livraison et numéro(s)
Indicate specific FSA(s), Delivery Mode(s) and Number(s): Précisez les RTA, les modes de livraison et numéros:

Statement of Mailing No. N° de déclaration de dépôt

Office of payment Bureau de paiement
ARICHAT

Weight per item (g) Poids par article (g)
1001

Items per bundle Articles par liasse

Number of residue items Nombre des articles résiduels

Number of containers Nombre de conteneurs

Total Number of items Nombre total des articles
175

Coverage - Indicate if delivery required to: Couverture - Indiquez le mode de distribution:

Houses Domiciles Apartments Appartements Farms Fermes Businesses Commerces

Size Selection Dimensions Thickness/Épaisseur

Standard Up to 30.5 X 15.24 cm (12" X 6") Oversize 1 Up to 30.5 x 28 cm (12 X 11") Oversize 2 Up to 35.55 X 28 cm (14" X 11") More than 1.91 cm (0.75")

Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po) Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po) Plus de 1,91 cm (0,75 po)

40-076-527 (17-12)



0 065 189 719

FOR CPC USE ONLY A L'USAGE DE LA SCP SEULEMENT

Receipt - Office of Delivery Réception - Bureau de livraison

Signature Date Time Heure Delivery completed Livraison complétée

Mailer Copy Copie de l'expéditeur

Upon receipt
Sur réception or/ou

Delivery Start Date Premier jour
Year Année Month Mois Day Jour
2008 09 17

Customer Identification Identification du client

Customer Name Nom du client
Country of Newfoundland

Mailed by Expédié par
(Name and complete address) (nom et adresse complète)
*2300 Highway 900
St. John's, NL A1A 1A0*

Customer/Acct No. N° du client/compte

Delivery Instructions Instructions de livraison

Delivery Office Address Adresse du bureau de livraison
*Country of Newfoundland
St. John's*

Title of mail piece Titre de l'article
Publications

Version spécifique Version spécifique

FSA(s), Delivery Mode(s) and Number(s) RTA, mode(s) de livraison et numéro(s)

Indicate specific FSA(s), Delivery Mode(s) and Number(s): Précisez les RTA, les modes de livraison et numéros:

Statement of Mailing No. N° de déclaration de dépôt

Office of payment Bureau de paiement
ST. JOHN'S

Weight per Item (g) Poids par article (g)
100

Number of containers Nombre de conteneurs

Coverage - Indicate if delivery required to: Couverture - Indiquez le mode de distribution:

Houses Domiciles Apartments Appartements Farms Fermes Businesses Commerces

Size Selection Dimensions

Standard Up to 30.5 X 15.24 cm (12" X 6") Oversize 1 Up to 30.5 x 28 cm (12 X 11")

Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)

Oversize 2 Up to 35.56 X 28 cm (14" X 11") Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)

Thickness/Épaisseur
More than 1.91 cm (0.75") Plus de 1,91 cm (0,75 po)

40-076-527 (17-12)



0 065 189 717

FOR CPC USE ONLY À L'USAGE DE LA SCP SEULEMENT

Receipt - Office of Delivery Réception - Bureau de livraison

Signature Date Time Heure Signature Date

Mailer Copy

Copie de l'expéditeur

Upon receipt
Sur réception or/ou

Delivery Start Date Premier jour
Year Année Month Mois Day Jour
2008 09 17

Customer Identification Identification du client

Customer Name Nom du client
Country of Newfoundland

Mailed by Expédié par
(Name and complete address) (nom et adresse complète)
*2300 Highway 900
St. John's, NL A1A 1A0*

Customer/Acct No. N° du client/compte

Delivery Instructions Instructions de livraison

Delivery Office Address Adresse du bureau de livraison
*Country of Newfoundland
St. John's*

Title of mail piece Titre de l'article
Publications

Version spécifique Version spécifique

FSA(s), Delivery Mode(s) and Number(s) RTA, mode(s) de livraison et numéro(s)

Indicate specific FSA(s), Delivery Mode(s) and Number(s): Précisez les RTA, les modes de livraison et numéros:

Statement of Mailing No. N° de déclaration de dépôt

Office of payment Bureau de paiement
ST. JOHN'S

Weight per Item (g) Poids par article (g)
100

Number of containers Nombre de conteneurs

Coverage - Indicate if delivery required to: Couverture - Indiquez le mode de distribution:

Houses Domiciles Apartments Appartements Farms Fermes Businesses Commerces

Size Selection Dimensions

Standard Up to 30.5 X 15.24 cm (12" X 6") Oversize 1 Up to 30.5 x 28 cm (12 X 11")

Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)

Oversize 2 Up to 35.56 X 28 cm (14" X 11") Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)

Thickness/Épaisseur
More than 1.91 cm (0.75") Plus de 1,91 cm (0,75 po)

40-076-527 (17-12)



0 065 189 718

FOR CPC USE ONLY À L'USAGE DE LA SCP SEULEMENT

Receipt - Office of Delivery Réception - Bureau de livraison

Signature Date Time Heure Signature Date

Mailer Copy

Copie de l'expéditeur

Customer Identification

Identification du client

Delivery Instructions

Instructions de livraison

Customer Name / Nom du client: *Comptoir de Livraison*
Customer/Account No. / N° de client/compte: *10000000000000000000*
Mailed by / Expédié par: *Comptoir de Livraison*
(Name and complete address) / (nom et adresse complète): *2007 Hwy 200
Bellefleur, N.S. B0E 1A0*

Delivery Office Address / Adresse du bureau de livraison: *10000000000000000000*

Title of mail piece / Titre de l'article: *2007 Hwy 200
Bellefleur, N.S. B0E 1A0*

FSA(s), Delivery Mode(s) and Number(s) / RTA, mode(s) de livraison et numéro(s):
Indicate specific FSA(s), Delivery Mode(s) and Number(s): / Précisez les RTA, les modes de livraison et numéros:

Statement of Mailing No. / N° de déclaration de dépôt: *4112345*

Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:
 Houses / Domiciles Apartments / Appartements Farms / Fermes Businesses / Commerces

Weight per item (g) / Poids par article (g): *2007*
Number of containers / Nombre de conteneurs: *100*

Size Selection / Dimensions:
Standard Up to 30.5 X 15.24 cm (12" X 6") / Oversize 1 Up to 30.5 x 28 cm (12 X 11")
Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) / Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)



FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT
Receipt - Office of Delivery / Réception - Bureau de livraison
Signature / Date / Time Heure / Delivery completed / Livraison complétée / Date

0 065 189 715

Mailer Copy

Copie de l'expéditeur

2

Customer Identification

Identification du client

Delivery Instructions

Instructions de livraison

Customer Name / Nom du client: *Comptoir de Livraison*
Customer/Account No. / N° de client/compte: *10000000000000000000*
Mailed by / Expédié par: *Comptoir de Livraison*
(Name and complete address) / (nom et adresse complète): *2007 Hwy 200
Bellefleur, N.S. B0E 1A0*

Delivery Office Address / Adresse du bureau de livraison: *10000000000000000000*

Title of mail piece / Titre de l'article: *2007 Hwy 200
Bellefleur, N.S. B0E 1A0*

FSA(s), Delivery Mode(s) and Number(s) / RTA, mode(s) de livraison et numéro(s):
Indicate specific FSA(s), Delivery Mode(s) and Number(s): / Précisez les RTA, les modes de livraison et numéros:

Statement of Mailing No. / N° de déclaration de dépôt: *4112345*

Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:
 Houses / Domiciles Apartments / Appartements Farms / Fermes Businesses / Commerces

Weight per item (g) / Poids par article (g): *2007*
Number of containers / Nombre de conteneurs: *100*

Size Selection / Dimensions:
Standard Up to 30.5 X 15.24 cm (12" X 6") / Oversize 1 Up to 30.5 x 28 cm (12 X 11")
Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) / Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)



FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT
Receipt - Office of Delivery / Réception - Bureau de livraison
Signature / Date / Time Heure / Delivery completed / Livraison complétée / Date

0 065 189 716

Mailer Copy

Copie de l'expéditeur

2



Billing Summary

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Summary

Billing Profile	Municipality of the County of Richmond
Billing Number	G131127233
Document Date	23/12/2025

Sold To
 Municipality of the County of Richmond
 PO Box 120
 2357 Highway 206
 Arichat
 NS
 B0E1A0
 CA

Bill To
 Municipality of the County of Richmond
 2357 Highway 206
 Arichat
 NS
 B0E 1A0
 CA

Total Amount **CAD 130.24**
Due on 23/12/2025

Questions on your bill? Visit <https://aka.ms/invoice-billing>

Invoice for activity on 22/12/2025

This invoice is for any subscription purchases, renewals, and recurring charges on the date indicated. The service period you are paying for is listed with each subscription below. Find more details about your bill at

<https://admin.microsoft.com/Adminportal/Home#/billoverview/invoice-list/G131127233>

Billing Summary

Charges	114.24
Subtotal	114.24
GST/HST (14.00%)	16.00
Total (including Tax)	CAD 130.24

Payment Instructions:

Your account has a credit card on file and there is no action for you to take. The card you have on file will be charged.

Payment should only be made by Electronic Funds Transfer.

Do not send any physical payment to any address on this invoice.

Goods Rec'd. Date.....	Initial.....	<i>JMM</i>
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....	10-212-2160-212390	



Invoice

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Billing Profile Municipality of the County of Richmond
 Tax Invoice Number CA-TI2502927856
 Tax Invoice Date 23/12/2025

Sold To	Bill To
Municipality of the County of Richmond	Municipality of the County of Richmond
PO Box 120	2357 Highway 206
2357 Highway 206	Arichat
Arichat	NS
NS	B0E 1A0
B0E1A0	CA
CA	

Invoice for activity on 22/12/2025

Section Summary

Section Name	Charges (CAD)	Tax Amount (CAD)	Total (including Tax) (CAD)
Municipality of the County of Richmond	114.24	16.00	130.24
Total			130.24

Billing Details By Product

Municipality of the County of Richmond

Microsoft Defender for Office 365 (Plan 2) - One-Year commitment for monthly/yearly billing

Purchases	Unit Price (CAD)	Qty	Charges/ Credits (CAD)	GST/HST	Tax Amount (CAD)	Total (including Tax) (CAD)
Charge Start Date - Charge End Date						
22/12/2025-21/01/2026	7.14	16	114.24	14.00%	16.00	130.24

Subtotal	114.24
Azure Credit	0
Total	CAD 130.24



98 Cogle Road, P.O. Box 4375
Sussex, NB, E4E 5L5

(506) 433-3757 Fax: (506) 432-9076

RECEIVED
DEC 24 2025
C.S.

Visa

INVOICE

NO 168990

DATE 12/25/2025

PAGE 1 of 1

OLD TO

SHIP TO

Municipality of the County of Richmond
clint.samson@richmondcounty.ca
chris.boudreau@richmondcounty.ca

Municipality of County of Richmond
PO: 4912
Site: West Arichat NS
Contract: 43650 AL/GP

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	GST PST	UNIT PRICE	AMOUNT	
	1		AL18-1392N 30x10 2 Office	GS	700.00	700.00	
	1		Step rental	GS	35.00	35.00	
			Insurance by lessee; full coverage all perils insurance by Municipality of County of Richmond; Trailer value \$41,134.00				
			Subtotal:			735.00	
			GS - GST 14%				
			GS			102.90	
			Terms: Net 30. Due 01/24/2026.				
			<div style="border: 1px solid black; padding: 5px;"> Goods Rec'd. Date..... Initial. <i>CS</i> Prices Checked..... <i>CS</i> Add. & Ext. Checked..... Approval for Payment..... Discount Date..... Paid by Cheque No..... Distribution <i>10 2804211280120</i> </div>				

NET 30

Alantra Leasing Inc. GS: #100107390

REMARKS

28 DAY RENTAL - 12/31/25 - 01/27/26

TOTAL

837.90

ALANTRA LEASING INC
98 COUGLE ROAD
SUSSEX, NB E4E 5L5
506-433-3757

#100152

ALANTRA LEASING INC

Date: 12/24/2025 07:20:53 AM

CREDIT CARD SALE

VISA
CARD NUMBER: *****4349 K
TOTAL AMOUNT: \$837.90
APPROVAL CD: 016257
RECORD #: 000
CLERK ID: Judy
INVOICE #: 168990

X _____

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)



Billing Summary

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Summary

Billing Profile	Municipality of the County of Richmond
Billing Number	G131466674
Document Date	26/12/2025

Sold To
 Municipality of the County of Richmond
 PO Box 120
 2357 Highway 206
 Arichat
 NS
 B0E1A0
 CA

Bill To
 Municipality of the County of Richmond
 2357 Highway 206
 Arichat
 NS
 B0E 1A0
 CA

Total Amount **CAD 610.50**
Due on 26/12/2025

Questions on your bill? Visit <https://aka.ms/invoice-billing>

Invoice for activity on 25/12/2025

This invoice is for any subscription purchases, renewals, and recurring charges on the date indicated. The service period you are paying for is listed with each subscription below. Find more details about your bill at

<https://admin.microsoft.com/Adminportal/Home#/billoverview/invoice-list/G131466674>

Billing Summary

Charges	535.50
Subtotal	535.50
GST/HST (14.00%)	75.00
Total (including Tax)	CAD 610.50

Payment Instructions:

Your account has a credit card on file and there is no action for you to take. The card you have on file will be charged.

Payment should only be made by Electronic Funds Transfer.

Do not send any physical payment to any address on this invoice.

Handwritten: H&S?

Goods Rec'd. Date.....	Initial <i>MA</i>
Prices Checked.....	<i>CS</i>
Add. & Ext. Checked.....	<i>G</i>
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <i>10-212-2160</i>	<i>+ 212390</i>



Invoice

Microsoft Canada Inc.
 4400-81 Bay St.
 Toronto, ON M5J 0E7
 Canada
 GST/HST: 877845941 RT0001
 QST: 1021036966 TQ0001

Billing Profile Municipality of the County of Richmond
 Tax Invoice Number CA-TI2502942990
 Tax Invoice Date 26/12/2025

Sold To	Bill To
Municipality of the County of Richmond	Municipality of the County of Richmond
PO Box 120	2357 Highway 206
2357 Highway 206	Arichat
Arichat	NS
NS	B0E 1A0
B0E1A0	CA
CA	

Invoice for activity on 25/12/2025

Section Summary

Section Name	Charges (CAD)	Tax Amount (CAD)	Total (including Tax) (CAD)
Municipality of the County of Richmond	535.50	75.00	610.50
Total			610.50

Billing Details By Product

Municipality of the County of Richmond

Advanced Security Add-ons for Business Premium - Microsoft Defender and Purview Suites for Microsoft 365 Business Premium - One-Year commitment for monthly billing

Purchases	Unit Price (CAD)	Qty	Charges/ Credits (CAD)	GST/HST	Tax Amount (CAD)	Total (including Tax) (CAD)
Charge Start Date - Charge End Date						
25/12/2025-24/01/2026	21.42	15	321.30	14.00%	45.00	366.30

Advanced Security Add-ons for Business Premium - Microsoft Defender Suite for Microsoft 365 Business Premium - One-Year commitment for monthly billing

Purchases	Unit Price (CAD)	Qty	Charges/ Credits (CAD)	GST/HST	Tax Amount (CAD)	Total (including Tax) (CAD)
Charge Start Date - Charge End Date						
25/12/2025-24/01/2026	14.28	15	214.20	14.00%	30.00	244.20

Subtotal	535.50
Azure Credit	0
Total	CAD 610.50

