

December 19, 2019

Email: [REDACTED]

Dear [REDACTED]

Re: Request for Access to Information under Part II of the Access to Information and Protection Privacy Act (the ATIPP Act, 2015)

On November 28, 2019, the City of St. John's received your request for access to the following information:

Records related to the total value of Councillor travel claims charged to the City in 2019.

Enclosed is the information you requested. Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in Section 42 of the ATIPP Act. A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner:

Office of the Information and Privacy Commissioner
2 Canada Drive; P. O. Box 13004, Stn. A, St. John's, NL. A1B 3V8
Telephone: (709) 729-6309; Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to Section 52 of the Act.

If you have any further questions, please feel free to contact me by telephone at 576-8429 or by e-mail at kcutler@stjohns.ca.

Yours truly,



Kenessa Cutler
ATIPP Coordinator

ST. JOHN'S

NAME	LOCATION	PURPOSE OF TRAVEL	DATES	TOTAL COST	REGISTRATION	AIRFARE	HOTEL	PER DIEM	TRANSPORTATION
Danny Breen	Gander, NL	Urban Municipalities Committee Meetings	January 10-12, 2019	1,671.01	-	1,188.81	273.70	160.50	48.00
Danny Breen	Ottawa, ON	Big City Mayors' Caucus	January 28, 2019	1,153.37	-	1,008.87	-	53.50	91.00
Danny Breen	Stephenville, NL	Urban Municipalities Committee Meetings	March 22-23, 2019	1,567.84	-	1,255.64	165.20	107.00	40.00
Danny Breen	Halifax, NS	Atlantic Mayor's Caucus	April 24-26, 2019	1,404.73	-	695.46	373.02	160.50	175.75
Danny Breen	Charlottetown, PEI	East Coast Music Awards	May 1-3, 2019	997.45	-	771.36	-	160.50	65.59
Danny Breen	Houston, TX	World Energy Cities Partnership Meetings	May 5-10, 2019	3,658.13	78.20	1,127.01	1,878.42	358.45	216.05
Danny Breen	Quebec City, QC	BCMC Meeting & Federation of Canadian Municipalities	May 29-June 3, 2019	3,905.19	1,188.84	759.85	1,475.30	321.00	160.20
Danny Breen	Aberdeen, Scotland	Offshore Europe 2019	Aug. 31-Sept. 8, 2019	4,230.47	-	1,745.54	1,550.19	746.82	187.92
David Lane	Quebec City, QC	Federation of Canadian Municipalities Conference	May 30-June 3, 2019	3,334.00	1,009.48	1,101.40	874.20	267.50	81.42
Debbie Hanlon	Gander, NL	Hospitality NL & Lab. Conference	Feb. 26-28, 2019	1,230.02	339.25	-	445.05	214.00	231.72
Debbie Hanlon	Miami, FL	Seatrade Cruise Conference	April 8-11, 2019	5,743.91	2,458.14	1,290.34	1,551.07	284.64	159.72
Ian Froude	Quebec City, QC	Federation of Canadian Municipalities Conference	May 30-June 3, 2019	3,080.11	1,009.48	960.94	756.88	267.50	85.31
Ian Froude	Gander, NL	Stewardship Municipalities Conference	Sept. 20-21, 2019	348.68	-	-	-	107.00	241.68
Sandy Hickman	Penticton, BC	Federation of Cdn. Municipalities Board Meeting	March 12-16, 2019	2,233.88	-	1,247.46	524.40	267.50	194.52
Sandy Hickman	Quebec City, QC	Federation of Canadian Municipalities Conference	May 30-June 3, 2019	3,529.12	999.13	1,133.94	1,013.82	267.50	114.73
Sandy Hickman	Regina, SK	CCCO Conference	Sept. 15-17, 2019	2,284.78	300.00	1,418.53	359.00	160.50	46.75
Sheilagh O'Leary	Gander, NL	Hospitality NL Conference	Feb. 26-28, 2019	1,382.99	339.25	586.54	296.70	160.50	-

Travel Expense Statement **FINANCIAL MANAGEMENT**

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request February 1, 2019 Budget Number [REDACTED]
 Employee Name Danny Breen Department Mayor
 Home Address [REDACTED] E0061985

TRAVEL DETAILS **SECTION 2**

Destination: Gander, NL Dates From: January 10, 2019 To: January 12, 2019
 Purpose To attend Urban Municipalities Committee (UMC) meetings
 Leave St. John's (Time) 3:15 a.m. p.m. Arrive St. John's (Time) 5:16 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

20.947.70
26

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 0	
Airfare <u>155.06</u> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 1188.81	1188.81
Hotel (incl. taxes) <u>2</u> nights @ <u>136.85</u> <u>273.7</u>	\$ 273.70	273.70
Meals (per diem) <u>3</u> days @ <u>53.50</u> <u>160.5</u>	\$ 160.50	160.50
Telephone	\$ 0	
Taxis	\$ 0	
Other (specify) <u>Parking of vehicle at airport St. John's</u>	\$ 48.00	48.00
(1) Total Claimed	\$ 1671.01	1671.01
(2) Less: Direct Payment by P.O. or Cheque	\$	0
(3) Amount Paid by Employee [(1) - (2)]	\$ 1671.01	1671.01
(4) Travel Advance	\$	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 1671.01	1671.01

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date Feb 1, 2019

APPROVALS **SECTION 6**

Department Head Date <u>[Signature]</u>	Accounts Clerk Date <u>Conie Holder</u> <u>Feb 5 / 2019</u>	Manger - Financial Services Date <u>[Signature]</u> <u>2019-02-05</u>
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Travel Expense Statement

FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services

SECTION 1

Date of Request February 1, 2019 Budget Number [REDACTED]

Employee Name Danny Breen Department Mayor

Home Address [REDACTED]

EW 61905

TRAVEL DETAILS

SECTION 2

Destination: Ottawa, ON Dates From: January 28, 2019 To: January 28, 2019

Purpose To attend annual BCMC meetings

Leave St. John's (Time) 5:05 a.m. p.m. Arrive St. John's (Time) 12:30 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)

SECTION 3

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 0	
Airfare <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 1008.87	1008.87
Hotel (incl. taxes) _____ nights @ _____ 0	\$ 0	
Meals (per diem) <i>6.16</i> <u>1</u> days @ <u>53.50</u> 53.5	\$ 53.50	53.50
Telephone	\$ 0	
Taxis <u>To & From Airport \$35 + \$40</u> <i>6.16</i> <u>13.10</u>	\$ 75.00	75.00
Other (specify) <u>Parking of vehicle at airport St. John's for day</u>	\$ 16.00	16.00
(1) Total Claimed	\$ 1153.37	1153.37
(2) Less: Direct Payment by P.O. or Cheque	\$	0
(3) Amount Paid by Employee [(1) - (2)]	\$ 1153.37	1153.37
(4) Travel Advance	\$	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 1153.37	1153.37

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)

SECTION 4

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee)

SECTION 5

I certify that this is a true statement of my expenses incurred on City business.

Employee Signature *Danny Breen* Date Feb 1, 2019

APPROVALS

SECTION 6

Department Head Date <u><i>[Signature]</i></u>	Accounts Clerk Date <u><i>Came Hoedale</i></u> <u>Feb 5, 2019</u>	Manger - Financial Services Date <u><i>S. J. [Signature]</i></u> <u>2019-02-06</u>
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Travel Expense Statement **FINANCIAL MANAGEMENT**

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request 2019 04 04 Budget Number [REDACTED]
 Employee Name Danny Breen Department Mayor and Council
 Home Address [REDACTED]

TRAVEL DETAILS **SECTION 2**

Destination: Stephenville, NL Dates From: March 22, 2019 To: March 23, 2019

Purpose Attend Urban Municipalities Committee Meetings

Leave St. John's (Time) 5:00 a.m. p.m. Arrive St. John's (Time) 6:00 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

81.00
13.96
2.22

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 0	
Airfare <u>no tax. (P)</u> <input checked="" type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>OK REZ</u>	\$ 1255.64	1255.64
Hotel (incl. taxes) <u>on receipt</u> <u>1</u> nights @ <u>165.20</u> 165.2	\$ 165.20	165.20
Meals (per diem) <u>2</u> days @ <u>53.50</u> 107	\$ 107.00	107.00
Telephone	\$	
Taxis <u>Taxis - \$40</u>	\$ 40.00	40.00
Other (specify) <u>CD #R2019-03-11/13</u>	\$	
(1) Total Claimed	\$ 1567.84	1567.84
(2) Less: Direct Payment by P.O. or Cheque	\$ 1255.64	1255.64
(3) Amount Paid by Employee [(1) - (2)]	\$ 312.19999	312.20
(4) Travel Advance	\$	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 312.19999	312.20

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date April 5/19

APPROVALS **SECTION 6**

Department Head [Signature] Date April 19/19
 Accounts Clerk Cornie Hodales Date April 8/2019
 Manager - Financial Services [Signature] Date [Signature]

ST. JOHN'S
 NEWFOUNDLAND AND LABRADOR, CANADA

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 APR - 8 2019
 FINANCIAL SERVICES
 Page 1 of 1

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Travel Expense Statement

APR 29 2019

FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services

SECTION 1

Date of Request 2019 04 29

FINANCIAL SERVICES

Budget Number

Employee Name Danny Breen

Department

Mayor and Council

Home Address

TRAVEL DETAILS

SECTION 2

Destination: Halifax, NS

Dates From: April 24, 2019 To: April 26, 2019

Purpose Attend Atlantic Mayors Caucus Meetings

Leave St. John's (Time)

5:45



a.m.



p.m.

Arrive St. John's (Time)

5:25



a.m.



p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)

SECTION 3

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 0	
Airfare 40.71 <input checked="" type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____ EXP	\$ 695.46	695.46
Hotel (incl. taxes) 46.20 2 nights @ 186.51 373.02	\$ 373.02	373.02
Meals (per diem) 20.50 3 days @ 53.50 160.5	\$ 160.50	160.50
Telephone 0	\$	
Taxis 175.75 Taxis - \$175.75	\$ 175.75	175.75
Other (specify) CD #R2019-03-11/13	\$	
(1) Total Claimed	\$ 1404.73	1404.73
(2) Less: Direct Payment by P.O. or Cheque	\$ 695.46	695.46
(3) Amount Paid by Employee [(1) - (2)]	\$ 709.27	709.27
(4) Travel Advance	\$	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 709.27	709.27

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)

SECTION 4

Name of Third Party

Recoverable Cost \$

DECLARATION (to be signed by employee)

SECTION 5

I certify that this is a true statement of my expenses incurred on City business.

Employee Signature

Danny Breen

Date

April 29, 2019

APPROVALS

SECTION 6

Department Head

Accounts Clerk

Manager - Financial Services

Date

April 29 / 19

Date

Connie Haddad
April 29 / 2019

Date

[Signature]
19/5/19

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

Travel Expense Statement

FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services

SECTION 1

Date of Request May 15, 2019 Budget Number [REDACTED]
 Employee Name Danny Breen Department Mayor's office
 Home Address [REDACTED]

TRAVEL DETAILS

SECTION 2

Destination: Charlottetown, PEI Dates From: May 1, 2019 To: May 3, 2019

Purpose To attend ECMA's to represent City and present award

Leave St. John's (Time) 2:10 a.m. p.m. Arrive St. John's (Time) 7:35 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)

SECTION 3

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Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 0	
Airfare <input checked="" type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 771.36	771.36
Hotel (incl. taxes) <u>0</u> nights @ _____ <u>0</u>	\$ 0	
Meals (per diem) <u>3</u> days @ <u>53.50</u> <u>160.5</u>	\$ 160.50	160.50
Telephone	\$ 0	
Taxis <u>\$18.25 + \$20.12 + 27.22</u>	\$ 65.59	65.59
Other (specify)	\$	
(1) Total Claimed	\$ 997.45	997.45
(2) Less: Direct Payment by P.O. or Cheque	\$ 771.36	771.36
(3) Amount Paid by Employee [(1) - (2)]	\$ 226.09000	226.09
(4) Travel Advance	\$	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 226.09000	226.09

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MAY 22 2019
FINANCIAL SERVICES

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)

SECTION 4

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee)

SECTION 5

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date May 22, 2019

APPROVALS

SECTION 6

Department Head [Signature] Date [Signature]
 Accounts Clerk Come Hoelder Date May 23/2019
 Manger - Financial Services [Signature] Date 2019-05-28



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Travel Expense Statement FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services SECTION 1

Date of Request May 15, 2019 Budget Number [REDACTED]
 Employee Name Danny Breen Department Mayor's office
 Home Address [REDACTED]

TRAVEL DETAILS SECTION 2

Destination: Houston, TX USA Dates From: May 5, 2019 To: May 10, 2019

Purpose To attend World Energy Cities Partnership meetings 12:30 AM 10PM

Leave St. John's (Time) 6:00 a.m. p.m. Arrive St. John's (Time) 12:30 a.m. p.m.

TOTAL COST: (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) SECTION 3

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>pd pers.card</u>	\$ 78.20 US	78.20 cd
Airfare <u>44.50</u> <input checked="" type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>EFT0...14782</u> pp.	\$ 1127.01	1127.01
Hotel (incl. taxes) <u>4</u> nights @ <u>339.30</u> 1357.2	\$ 1357.20 US	1446.76
Meals (per diem) <u>5</u> days @ <u>53.50</u> 267.5	\$ 267.50 US	358.45
Telephone 1st night part deposit on city card \$312.39 US (Can. \$432.26)	\$ pp:	432.26
Taxis \$34.50; \$23.90; \$13.51; \$14.40; \$14.63; \$11.54 1047.98	\$ 112.48 US	183.55
Other (specify) \$17.00 & \$15.50 Canadian (taxi to/from airport) (1.3% Rate)	\$ 32.50	32.50
# 1127.01 + # 432.26 (hotel) (1) Total Claimed	\$ 2974.89	3658.13
(2) Less: Direct Payment by P.O. or Cheque	\$ 1559.27	1559.27
(3) Amount Paid by Employee [(1) - (2)]	\$ 1415.62	2098.86
(4) Travel Advance	\$ 0	
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 1415.62	2098.86

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12:30 AM 10PM
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REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) SECTION 4

Name of Third Party AS per email Recoverable Cost \$ total

DECLARATION (to be signed by employee) SECTION 5

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date May 21, 2019

APPROVALS SECTION 6

Department Head [Signature] Accounts Clerk Caine Hadley Manger - Financial Services [Signature]
 Date [Signature] Date May 27/19 Date 2019-06-04

ST. JOHN'S
 NEWFOUNDLAND AND LABRADOR, CANADA

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Travel Expense Statement FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request 8 2019-06-11 FINANCIAL SERVICES Budget Number [REDACTED]

Employee Name Danny Breen Department Mayor's Office

Home Address [REDACTED]

TRAVEL DETAILS **SECTION 2**

Destination: Quebec City, Quebec Dates From: May 29, 2019 To: June 3, 2019

Purpose To attend the BCMC meetings and FCM Annual Conference *20-2*

Leave St. John's (Time) 6:15 a.m. p.m. Arrive St. John's (Time) 00:29 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

Items	Total Claimed	Accounts Use Only
Registration <i>51.25</i> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>D. Deposit Jun</u>	\$ 1188.84	1188.84 <i>N</i>
Airfare <i>93,36.15</i> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>D. Deposit Apr</u>	\$ 759.85	759.85 <i>N</i>
Hotel (incl. taxes) <i>63.30</i> <u>5</u> nights @ <u>291.15</u> <u>1455.75</u> <i>Arch Budget</i>	\$ 1455.75	1455.75 <i>N</i>
Meals (per diem) <i>52.00</i> <u>5</u> days @ <u>53.50</u> <u>321</u>	\$ 321.00	321.00 <i>N</i>
Telephone <i>15.20</i>	\$	
Taxis <i>5.50</i> <u>\$40.10 + \$40.10 + \$96.00 = 160.20</u>	\$ 176.20	176.20 <i>N</i>
Other (specify) <u>Drycleaning for suit for meetings (wet from travel)</u>	\$ 19.55	19.55 <i>N</i>
<i>1.70</i> (1) Total Claimed	\$ 3921.19	3905.79 <i>N</i>
<i>5.70</i> (2) Less: Direct Payment by P.O. or Cheque	\$ 1948.69	1948.69 <i>N</i>
(3) Amount Paid by Employee [(1) - (2)]	\$ 1972.5	1956.50 <i>N</i>
(4) Travel Advance	\$ 0	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 1972.5	1956.50 <i>N</i>

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.

Employee Signature *Danny Breen* Date June 11, 2019

APPROVALS **SECTION 6**

Department Head <u><i>[Signature]</i></u>	Accounts Clerk <u><i>Connie Hadden</i></u>	Manager - Financial Services <u><i>Sonavek</i></u>
Date _____	Date <u>June 12/19.</u>	Date <u>2019-06-13</u>

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ST. JOHN'S
NEWFOUNDLAND AND LABRADOR, CANADA

19/06/17

Revised after I signed

Travel Expense Statement **FINANCIAL MANAGEMENT**

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request September 12, 2019 Budget Number [REDACTED]
 Employee Name Danny Breen Department Mayor
 Home Address [REDACTED]

TRAVEL DETAILS **SECTION 2**

Destination: Aberdeen, Scotland Dates From: August 31, 2019 To: September 8, 2019

Purpose To attend Offshore Europe 2019 378

Leave St. John's (Time) 2:45 a.m. p.m. Arrive St. John's (Time) 9:19 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

15.44
15.44
4.44
15.44

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$	
Airfare <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>Pd August 8 D:</u>	\$ 1745.54	1745.54
Hotel (incl. taxes) <u>7</u> nights @ _____ 0	\$ 1550.19	1550.19
Meals (per diem) <u>9</u> days @ _____ 0	\$ 746.82	746.82
Telephone	\$ 0	
Taxis <u>16.75 & \$17.50 (to/from airport St. John's)</u>	\$ 34.25	34.25
Other (specify) <u>Transportation -</u>	\$ 153.67	153.67
(1) Total Claimed	\$ 4230.47	4230.47
(2) Less: Direct Payment by P.O. or Cheque	\$ 1745.54	1745.54
(3) Amount Paid by Employee [(1) - (2)]	\$ 2484.9300	2484.93
(4) Travel Advance	\$ 3490.39	3490.40
(5) Amount Due To (From) Employee [(3) - (4)]	\$ -1005.459	1005.47

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party trial sent Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature Danny Breen Date Sept 16, 2019

APPROVALS **SECTION 6**

Department Head Date <u>[Signature]</u>	Accounts Clerk Date <u>Connie Hodder</u> <u>Sept 19, 2019</u>	Manager - Financial Services Date <u>[Signature]</u> <u>2019-09-23</u>
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Travel Expense Statement		FINANCIAL MANAGEMENT		RECEIVED	
EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services				SECTION 1	
Date of Request	<u>June 12, 2019</u>	Budget Number	<u>JUN 13 2019</u>		
Employee Name	<u>Dave Lane</u>	Department	<u>Council</u>		
Home Address	[REDACTED]			FINANCIAL SERVICES	
TRAVEL DETAILS				SECTION 2	
Destination: <u>Quebec City</u>		Dates From: <u>30 May 2019</u> To: <u>3 June 2019</u>			
Purpose <u>FCM Conference</u>		<u>30-2</u>			
Leave St. John's (Time)	<u>7:20</u>	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Arrive St. John's (Time)	<u>6</u>	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)				SECTION 3	
Items			Total Claimed	Accounts Use Only	
Registration	<input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____		\$ 1009.48	<u>1009.48</u>	
Airfare	<input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____		\$ 1101.40	<u>1101.40</u>	
Hotel (incl. taxes)	<u>4</u> nights @ <u>184</u>	<u>736</u>	\$ 655.65	<u>655.65</u>	
Meals (per diem)	<u>5</u> days @ <u>53.50</u>	<u>267.5</u>	\$ 267.50	<u>267.50</u>	
Telephone			\$		
Taxis	<u>To and from Quebec Airport / Hotel</u>		\$ 81.42	<u>81.42</u>	
Other (specify)			\$		
(1) Total Claimed			\$ 3115.45	<u>3334.50</u>	
(2) Less: Direct Payment by P.O. or Cheque			\$	<u>218.55</u>	
(3) Amount Paid by Employee [(1) - (2)]			\$ 3115.45	<u>3115.45</u>	
(4) Travel Advance			\$	<u>0</u>	
(5) Amount Due To (From) Employee [(3) - (4)]			\$ 3115.45	<u>3115.45</u>	
REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)				SECTION 4	
Name of Third Party _____		Recoverable Cost \$ _____		<u>2105.97 Paid</u>	
DECLARATION (to be signed by employee)				SECTION 5	
I certify that this is a true statement of my expenses incurred on City business.					
Employee Signature _____			Date <u>June 12, 2019</u>		
APPROVALS				SECTION 6	
Department Head	Accounts Clerk	Manger - Financial Services			
Date	<u>[Signature]</u>	<u>Comie Hadzale</u>	<u>[Signature]</u>	<u>[Signature]</u>	
	Date <u>June 13 / 2019</u>	Date <u>2019-06-14</u>			

4390
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12.74
5.20
288
2810

2105.97 Paid
1009.48
Charged after signed

ST. JOHN'S
NEWFOUNDLAND AND LABRADOR, CANADA

Mileage ?? Rate

CD Received

Travel Expense Statement FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services SECTION 1

Date of Request March 21, 2019 Budget Number
Employee Name Debbie Hanlon Department Mayor and Council
Home Address

TRAVEL DETAILS SECTION 2

Destination: Gander, Newfoundland & Labrador Dates From: 2019 02 26 To: 2019 03 01

Purpose Hospitality Newfoundland and Labrador Annual Conf. & Trade Show CD #R2019-01-21/12

Leave St. John's (Time) 7:00 a.m. Arrive St. John's (Time) 10:30 a.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) SECTION 3

Table with columns: Items, Total Claimed, Accounts Use Only. Rows include Registration (\$339.25), Airfare, Hotel (445.05), Meals (214.00), Telephone, Taxis, Other (Mileage - \$231.72), and Reimbursement costs.

Handwritten notes on the left margin: 2cc, 95.05, 27.91, 30.23, 15.00

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REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) SECTION 4

Name of Third Party Recoverable Cost \$

DECLARATION (to be signed by employee) SECTION 5

I certify that this is a true statement of my expenses incurred on City business. Employee Signature Date March 25-2019

APPROVALS SECTION 6

Department Head Accounts Clerk Connie Hoehler Manger - Financial Services
Date Date March 28/2019 Date 2019-03-29

ST. JOHN'S NEWFOUNDLAND AND LABRADOR, CANADA

1338.64

Travel Expense Statement FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request May 24, 2019 Budget Number _____
 Employee Name Debbie Hanlon Department Mayor and Council
 Home Address _____

TRAVEL DETAILS **SECTION 2**

Destination: Miami, Florida Dates From: April 8, 2019 To: April 11, 2019
 Purpose Seatrade Cruise Conference

Leave St. John's (Time) 5:05 a.m. p.m. Arrive St. John's (Time) 3:27 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

Items	Total Claimed	Accounts Use Only
Registration <i>22.64</i> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>visa (US) Converted to US</u>	\$ 2458.14	2458.14
Airfare <i>154.15</i> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>visa</u>	\$ 1290.34	1290.34
Hotel (incl. taxes) <i>20.15</i> <u>3</u> nights @ <u>388.74</u> 1166.22 <i>Converted to US</i>	\$ 1551.07	1551.07
Meals (per diem) <i>20.15</i> <u>4</u> days @ <u>71.16</u> 284.64 <i>Converted to US</i>	\$ 284.64	284.64
Telephone	\$	
Taxis <i>1.33</i> <u>\$48 (Can) \$84 (US) 111.72 Can</u> <i>1.33 Rate</i>	\$ 159.72	159.72
Other (specify) <u>Stayed in Toronto from April 11 - 14 (no charge to City)</u>	\$	
(1) Total Claimed	\$ 5743.91	5743.91
(2) Less: Direct Payment by P.O. or Cheque	\$ 3748.48	3748.48
(3) Amount Paid by Employee [(1) - (2)]	\$ 1995.42999	1946.88
(4) Travel Advance	\$ 1884.22	1884.22
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 111.209999	62.66

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date _____

APPROVALS **SECTION 6**

Department Head [Signature] Accounts Clerk [Signature] Manger - Financial Services [Signature]
 Date May 24 2019 Date June 3/19 Date 2019-06-04



Travel Expense Statement **FINANCIAL MANAGEMENT**

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request June 26, 2019 Budget Number [Redacted]
 Employee Name Ian Froude Department Mayor and Council
 Home Address [Redacted]

TRAVEL DETAILS **SECTION 2**

Destination: Quebec Dates From: May 30, 2019 To: June 3, 2019
 Purpose FCM National Conference and Tradeshow 30-2
 Leave St. John's (Time) 5:00 a.m. p.m. Arrive St. John's (Time) 2:42 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

Items		Total Claimed	Accounts Use Only
Registration	<input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>City Usa</u>	\$	1009.48
Airfare	<input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>Paid Visa</u>	\$ 960.94	960.94
Hotel (incl. taxes)	<u>4</u> nights @ <u>189.22</u> 756.88 ✓	\$ 756.88	756.88
Meals (per diem)	<u>5</u> days @ <u>53.50</u> 267.5 ✓	\$ 267.50	267.50
Telephone		\$	
Taxis <u>6.00</u> <u>1.50</u> \$85.31 <u>LAZA</u> ✓		\$ 85.31	85.31
Other (specify) <u>1.87</u>		\$	
	(1) Total Claimed	\$ 2070.63	3080.11
	(2) Less: Direct Payment by P.O. or Cheque	\$	1009.48
	(3) Amount Paid by Employee [(1) - (2)]	\$ 2070.63	2070.63
	(4) Travel Advance	\$	1896.10
	(5) Amount Due To (From) Employee [(3) - (4)]	\$ 2070.63	174.53

Handwritten notes on table: "original attached" next to row (2); "30.92, 10.74, 5.00" on left margin; "Rec'd" above registration; "City Usa" and "Paid Visa" in purchase order fields.

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date 8 July/2019

APPROVALS **SECTION 6**

Department Head <u>Faren Chalk</u> Date <u>June 27/2019</u>	Accounts Clerk <u>Carrie Hodalen</u> Date <u>July 8/2019</u>	Manager - Financial Services <u>S. Haveland</u> Date <u>2019-07-10</u>
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Travel Expense Statement

FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services

SECTION 1

Date of Request October 3, 2019 Budget Number [REDACTED]
 Employee Name Ian Froude Department Council
 Home Address [REDACTED]

TRAVEL DETAILS

SECTION 2

Destination: Gandor, NL Dates From: September 20 To: September 25

Purpose Stewardship Association of Municipalities Conference

Leave St. John's (Time) 9:00 a.m. p.m. Arrive St. John's (Time) 6:00 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)

SECTION 3

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$	
Airfare <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$	
Hotel (incl. taxes) _____ nights @ _____ 0	\$	
Meals (per diem) <u>2</u> days @ <u>53.50</u> 107	\$ 107	107.00
Telephone	\$	
Taxi	\$	
Other (specify) <u>0.361 x 668 km</u>	\$ 241.15	241.68
<u>334 x 2 = 668</u>	(1) Total Claimed \$ 348.15	348.68
	(2) Less: Direct Payment by P.O. or Cheque \$	0
	(3) Amount Paid by Employee [(1) - (2)] \$ 348.15	348.68
	(4) Travel Advance \$	0
	(5) Amount Due To (From) Employee [(3) - (4)] \$ 348.15	348.68

3.96
31.52

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)

SECTION 4

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee)

SECTION 5

I certify that this is a true statement of my expenses incurred on City business.

Employee Signature [Signature] Date OCT 4 2019

APPROVALS

SECTION 6

Department Head Date <u>[Signature]</u>	Accounts Clerk Date <u>[Signature]</u> <u>Oct 15 2019</u>	Manager - Financial Services Date <u>[Signature]</u> <u>2019-10-15</u>
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ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

NOTE: I put in for parking of Rental & look at the job

Travel Expense Statement FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services SECTION 1

Date of Request MAR 21, 2019 Budget Number _____
 Employee Name SANDY HICKMAN Department COVINCIL
 Home Address _____

TRAVEL DETAILS SECTION 2

Destination: PRINCETON N.C. Dates From: MAR. 12/2019 To: MAR. 16/2019
 Purpose TO ATTEND BOARD MEET OF FED. OF CAN. MUNICIPALITIES
 Leave St. John's (Time) MARCH 12 6:10 a.m. p.m. Arrive St. John's (Time) MARCH 16, 2019 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) SECTION 3

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ _____	
Airfare <u>118.80</u> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ <u>1247.46</u>	<u>1247.46</u>
Hotel (incl. taxes) <u>3</u> nights @ <u>\$174.80</u>	\$ <u>524.40</u>	<u>524.40</u>
Meals (per diem) <u>2866</u> <u>5</u> days @ <u>\$52.50</u> <u>12%</u>	\$ <u>267.50</u>	<u>267.50</u>
Telephone <u>1270</u>	\$ _____	<u>25.00</u>
Taxis <u>\$18.15</u> <u>19.50</u> <u>491</u> <u>15%</u> <u>Parking</u>	\$ <u>37.65</u>	<u>37.65</u>
Other (specify) <u>RENTAL CAR (\$38.22) GAS (\$17.40)</u>	\$ <u>395.62</u>	<u>131.87</u>
	(1) Total Claimed \$ <u>02472.63</u>	<u>2233.88</u>
	(2) Less: Direct Payment by P.O. or Cheque \$ _____	<u>0</u>
	(3) Amount Paid by Employee [(1) - (2)] \$ <u>0</u>	<u>2233.88</u>
	(4) Travel Advance \$ <u>2100.00</u>	<u>2100.00</u>
	(5) Amount Due (To (From) Employee [(3) - (4)] \$ <u>0372.63</u>	<u>133.88</u>

*1194.50
1194.50
1194.50*

*1194.50
1194.50
1194.50*

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) SECTION 4

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) SECTION 5

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date MARCH 22, 2019

APPROVALS SECTION 6

Department Head [Signature] Accounts Clerk Comie Hodder Manger - Financial Services [Signature]
 Date _____ Date MARCH 26/19 Date 2019-04-10

ST. JOHN'S
 NEWFOUNDLAND AND LABRADOR, CANADA

Travel Expense Statement

FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services

SECTION 1

Date of Request JUNE 11, 2019 Budget Number _____
 Employee Name SANDY HICKMAN Department COUNCIL
 Home Address _____

TRAVEL DETAILS

SECTION 2

Destination: QUEBEC CITY Dates From: MAY 30, 2019 To: JUNE 22, 2019
 Purpose TO ATTEND ANNUAL CONF. OF CAN. MUNICIPALITY FED.

Leave St. John's (Time) 5:00 a.m. p.m. Arrive St. John's (Time) _____ a.m. _____ p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)

SECTION 3

43.42
44.08
5.00
10.74
5.00

Items	Total Claimed	Accounts Use Only
Registration ^{10.00} <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 999.13	999.13
Airfare ^{10.00} <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>511016-14/82.80/BAH</u>	\$ 1133.94	1133.94
Hotel (incl. taxes) <u>4</u> nights @ <u>257.48</u>	\$ 1013.92	1013.92
Meals (per diem) <u>5</u> days @ <u>53.50</u>	\$ 267.50	267.50
Telephone	\$ -	
Taxis <u>40.37/38.61/18.25/17.50</u>	\$ 114.73	114.73
Other (specify)	\$ -	
	(1) Total Claimed	\$ 3529.22
	(2) Less: Direct Payment by P.O. or Cheque	\$ -
	(3) Amount Paid by Employee [(1) - (2)]	\$ 3529.22
	(4) Travel Advance	\$ 3400.00
	(5) Amount Due To (From) Employee [(3) - (4)]	\$ 129.22

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)

SECTION 4

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee)

SECTION 5

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date 2019 06 11

APPROVALS

SECTION 6

Department Head [Signature] Accounts Clerk [Signature] Manger - Financial Services [Signature]
 Date June 19, 2019 Date 2019-06-20



78.98 Quebec Total

Travel Expense Statement

FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services

SECTION 1

Date of Request SEPT 23, 2019 Budget Number _____
 Employee Name SANDY HICKMAN Department COUNCIL
 Home Address _____

TRAVEL DETAILS

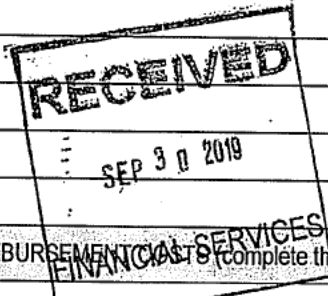
SECTION 2

Destination: REGINA SK Dates From: SEPT. 15, 2019 To: SEPT. 18, 2019
 Purpose TO ATTEND ANNUAL CONF. OF CAN. CAPITAL CITIES ORG.
 Leave St. John's (Time) SEPT. 15 a.m. p.m. Arrive St. John's (Time) SEPT 18 2:30 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs)

SECTION 3

Items	Total Claimed	Accounts Use Only
Registration <u>15.00</u> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ -	300.00
Airfare <u>1418.53</u> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 1418.53	1418.53
Hotel (incl. taxes) <u>2</u> nights @ <u>179.50</u> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 359.00	359.00
Meals (per diem) <u>3</u> days @ <u>53.50</u> <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # _____	\$ 160.50	160.50
Telephone	\$ -	-
Taxis <u>15.50 / 14.50 / 16.75</u>	\$ 46.75	46.75
Other (specify)	\$ -	-
(1) Total Claimed	\$ 01984.78	2284.78
(2) Less: Direct Payment by P.O. or Cheque	\$ -	300.00
(3) Amount Paid by Employee [(1) - (2)]	\$ 0	1984.78
(4) Travel Advance	\$ -	0
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 01984.78	1984.78



REIMBURSEMENT (complete this section only if travel costs will be reimbursed by a third party)

SECTION 4

Name of Third Party _____ Recoverable Cost \$ 0

DECLARATION (to be signed by employee)

SECTION 5

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature [Signature] Date Sept 23, 2019

APPROVALS

SECTION 6

Department Head [Signature] Accounts Clerk Comie Heddler Manger - Financial Services [Signature]
 Date Sept 25/19 Date Oct 3/2019 Date 2019-10-10



Travel Expense Statement FINANCIAL MANAGEMENT

EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services **SECTION 1**

Date of Request 2019-04-26 **MAY 01 2019** Budget Number _____
 Employee Name Sheilagh O'Leary Department _____
 Home Address _____ **FINANCIAL SERVICES**

TRAVEL DETAILS **SECTION 2**

Destination: Hospitality NL Conference Dates From: 2019-02-27 To: 2019-03-01

Purpose _____

Leave St. John's (Time) 9:30 a.m. p.m. Arrive St. John's (Time) 11:51 a.m. p.m.

TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) **SECTION 3**

Items	Total Claimed	Accounts Use Only
Registration <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>Credit Card</u> <u>PP.</u>	\$ 339.25 <u>Rec</u>	<u>339.25</u>
Airfare <input type="checkbox"/> Cheque Req. <input type="checkbox"/> Purchase Order # <u>Credit Card</u> <u>PP.</u>	\$ 429.62 <u>Rec</u>	<u>586.54</u>
Hotel (incl. taxes) <u>2</u> nights @ <u>129 cc</u> <u>258</u> <u>PP.</u>	\$ 296.70 <u>Rec</u>	<u>296.70</u>
Meals (per diem) <u>3</u> days @ <u>52.50</u> <u>157.5</u>	\$ 157.50	<u>160.50</u>
Telephone	\$	
Taxis	\$	
Other (specify)	\$	
(1) Total Claimed	\$ 1223.07	<u>1382.99</u>
(2) Less: Direct Payment by P.O. or Cheque	\$ 1065.57	<u>1222.49</u>
(3) Amount Paid by Employee [(1) - (2)]	\$ 157.5	<u>160.50</u>
(4) Travel Advance	\$	<u>0</u>
(5) Amount Due To (From) Employee [(3) - (4)]	\$ 157.5	<u>160.50</u>

REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) **SECTION 4**

Name of Third Party _____ Recoverable Cost \$ _____

DECLARATION (to be signed by employee) **SECTION 5**

I certify that this is a true statement of my expenses incurred on City business.
 Employee Signature Sheilagh O'Leary Date April 29/19

APPROVALS **SECTION 6**

Department Head <u>W. Kelly</u>	Accounts Clerk <u>Cornie Hadden</u>	Manager - Financial Services <u>[Signature]</u>
Date _____	Date <u>April 30/2019</u>	Date <u>19/1/25</u>

ST. JOHN'S
 NEWFOUNDLAND AND LABRADOR, CANADA

May 11 2019