December 19, 2019

Email:

Dear

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 <a href="https://kcutler@stjohns.ca">kcutler@stjohns.ca</a>.

Yours truly,

Kenessa Cutler ATIPP Coordinator

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 Municipalitie	s 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
lan 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
lan 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	r, Financial Services	8	CTION 1
Date of Request February 1, 2019 Employee Name Danny Breen Home Address	Budget Number  Department  Mayo	F 00	61935
TRAVEL DETAILS		<u> </u>	CTION 2
Destination: Gander, NL	Dates From: January 1	.0, 2 <del>6</del> То: Jan	uary 12, 2019
Purpose To attend Urban Municipalities Com	mittee (UMC) meetings	-	
Leave St. John's (Time) 3:15 a.m. ✓ p.m.	Arrive St. John's (Time) 5:16	; [];	a.m. <b>v</b> p.m.
TOTAL COST (attach receipts to support expenses claimed – see	Travel Policy if claiming high meal costs	) [S:	CTION 3
Items		Total Claimed	Accounts Use Only
Registration		\$ O	
Airfare \ÓO' ☐ Cheque Req. ☐ Purchase Orde	r #	\$ 1188.81	1188.81
Hotel (Incl. taxes) <u>2</u> nights @ <u>136.85</u> 2	73.7	\$ 273.70	273.70
	.60.5	\$ 160.50	160.50
Telephone		\$ <sub>0</sub>	
Taxis		\$ O	
Other (specify) Parking of vehicle at airport St. John	n's	\$ 48.00	48,00
	(1) Total Claimed	\$ 1671.01	1671.01
(2) Les	ss: Direct Payment by P.O. or Cheque	\$	-8-
(3	) Amount Paid by Employee [(1) – (2)]	\$ 1671.01	1671.01.
	(4) Travel Advance	\$	.6
PROMOTOR CONTROL OF A CONTROL O	nt Due To (From) Employee [(3) - (4)]	\$ 1671.01	1671.01.
REIMBURSEMENT COSTS (complete this section only if travel cos	ts will be reimbursed by a third party)	S	CTION 4
Name of Third Party	Recoverable Cos	t \$	
DECLARATION (to be signed by employee)		S	CTION 5
I certify that this is a true statement of my expenses incurred on City  Employee Signature	business.  Date	Folgi, a	9019
Department Head?  Date  Date  Date  Date	ie Hadelen Date	ger – Financial Servic	CITION 6  Ces  CV  -05
ST. J	OHN'S AND LABRADOR, CANADA		7.77

Form last updated: Date (2014-10-17)

Page 1 of 1

Travel Expense S	Statement	FINANCIAL MANAGEMENT		
EMPLOYEE PART	FICULARS - 2 copies to be forwarded to Manager, Finar	L ncial Services	38	ECTIONA
Date of Request Employee Name Home Address	February 1, 2019 Danny Breen	Budget Number  Department Mayo	semson na transition de la company	0 61985
TRAVEL DETAILS	Section 1	a Assuran	<u> </u>	ECTION 2
Destination: Otta	wa, ON	Dates From: January 2	Control of the second s	Co. 107 de referenciar estas de la companya del companya de la companya de la companya del companya de la compa
Purpose <u>To at</u>	tend annual BCMC meetings			dary 20, 2019
Leave St. John's (1	5:05 <b>√</b> a.m. p.m.	Arrive St. John's (Time)	1 7 1	a.m. p.m.
	ach receipts to support expenses claimed – see Travel F	Policy if claiming high meal costs	) <u>[8</u>	ECTION 3
Items			Total Claimed	Accounts Use Only
Registration Airfare	☐ Cheque Req. ☐ Purchase Order #		\$ O	
	☐ Cheque Req. ☐ Purchase Order #		\$ 1008.87	1008,87
Hotel (incl. taxes)	nights @ 0		\$ O	7,55,75,7
Meals (per diem)	1 days @ 53.50 53.5		\$ 53.50	53.50
	•		\$ O	
	o & From Airport \$35 + \$40 & いっぱっぱ		\$ 75.00	75.00
Other (specify)	Parking of vehicle at airport St. John's for	day	<sup>\$</sup> 16.00	16.00 .
		(1) Total Claimed	<sup>\$</sup> 1153.37	1153.37
		ct Payment by P.O. or Cheque	\$	-0-
	(3) Amour	nt Paid by Employee [(1) – (2)]	\$ 1153.37	1153.37
		(4) Travel Advance	\$	- <del>0</del> -
		To (From) Employee [(3) - (4)]	\$ 1153.37	1153.37
REIMBURSEMENT	COSTS (complete this section only if travel costs will be	e reimbursed by a third party)	<u> </u>	CTION 4
Name of Third Party	0	Recoverable Cost	\$	
DECLARATION (to I	be signed by employee)		EBE	CTION 5
I certify that this is a	true statement of my expenses incurred on City busines	SS	0	
Employee Signature		Date	elr, à	3018
APPROVALS		e e	lee .	ETION 6
Department Head  Date	Accounts Clerk Date Feb 5	Hodale Mang	er – Financial Service	95 OVS D.2. EVG
	// ST.Jal	JN'S		100-100
1	NEWFOUNDLAND AND LAB	BRADOR, CANADA		

	Travel Expense Statement FINANCIAL MANAGEMENT			
	EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Finan	icial Services	SE	OTION 1
	Date of Request 2019 04 04	Budget Number	tion and the state of the state	THE REPORT THE WAR AND THE SERVICE PRESERVED WITH STILL BE LANGUAGE.
	Employee Name <u>Danny Breen</u>		ayor and Council	.2
	Home Address	•		
	TRAVELIDETAILS		SE	CTION 2
	Destination: Stephenville, NL	Dates From: March 2	22, 2019 To: Marc	h 23, 2019
	Purpose Attend Urban Municipalities Committee			
	Leave St. John's (Time) 5:00 a.m. p.m.	Arrive St. John's (Time)	:00 a.	m. <b>v</b> p.m.
	TOTAL COST (attach receipts to support expenses claimed - see:Travel)	Policy if claiming high meal co	osts) SE(	CITION 3
	Items	The second secon	Total Claimed	Accounts Use Only
	Registration ☐ Cheque Req. ☐ Purchase Order #_		\$ <sub>0</sub>	
9.	Airfare 00 + 9 ( Cheque Req. Deurchase Order #_	OK KEE	<sup>\$</sup> 1255.64	1255.64
3/g/s	Hotel (incl. taxes) nights @ 165.20 165.2		\$ 165.20	165.20
200	Meals (per diem) \( \frac{2}{2} \) days @ 53.50 107  Telephone		\$ 107.00	107-00
17.			\$	
522	Taxis Taxis - \$40		\$ 40.00	40.00
1	Other (specify) CD #R2019-03-11/13		\$	
}	(2) Local Dia	(1) Total Claime		1567.84
		ct Payment by P.O. or Chequet nt Paid by Employee [(1) – (2		125564.
Ì	(J) Amou	(4) Travel Advance	71 312.13333	3(2,20
Ì	(5) Amount Due	To (From) Employee [(3) – (4	"	71000
	REIMBURSEMENT COSTS (complete this section only if travel costs will be	e reimbursed by a third party	) SEC	312 <b>2</b> 50
	Name of Third Party	. Recoverable C	Cost \$	
PASSACE.	DECL'ARATION:(to be signed by employee)		SEC	TION 5
	I certify that this is a true statement of my expenses incurred on City busine Employee Signature	oss.  Date	april 5/	19
8	APPROVALS .		8.0	TION 6
	Department Head  Date  Date  Date  Date  Date	Na Dalla	ange Financial Services ate APR 6 20	Sor Sheller Travole
	NEWFOUNDLAND AND LA Form last updated: Date (2014-10-17)	BRADOR, CANADA	FINANCIAL SER	VICES Page 1 of 1

RECEIVED

tatement	APR 2 9 2019	FINANCIAL MANAGEMENT		
			୍ର ଓଡ଼	
2019 04 29	FINANCIAL SERVICES	Budget Number	Section of Management (1) and accompanies	
Danny Breen		Department <u>Mayo</u>	or and Council	
		6.00	8	CTION 2
fax, NS		Dates From: April 24,	2019 To: Apri	ll 26, 2019
d Atlantic Mayor	s Caucus Meetings			
Fime) 5:45	<b>√</b> a.m. p.m.	Arrive St. John's (Time) 5:25	;	a.m. 7 p.m.
ach receipts to support exp	enses claimed – see Travel P	Policy if claiming high meal costs		CTION 3
<u> 28 (                                  </u>			Total Claimed	Accounts Use Only
☐ Cheque Rec	ı. D Purchase Order #		\$ 0	
Cheque Red	ı. □ Purchase Order #	TV O		106 11
nights (	@ <u>186.51</u> 373.02	2	000,10	695.46
days @	\ E3 E0		0.0.02	11050
1000			\$	160.
axis - \$175.75			\$ 175.75	17576
	3		\$	1 1 1 1
		(1) Total Claimed	\$ 1404.73	1404.73.
	(2) Less: Direc	ct Payment by P.O. or Cheque	\$ 695.46	695.46
	(3) Amour	nt Paid by Employee [(1) – (2)]	\$ 709.27	709.27
		(4) Travel Advance	\$	.a-
	(5) Amount Due	To (From) Employee [(3) - (4)]	\$ 709.27	709,27.
COSTS (complete this se	ction only if travel costs will be	e reimbursed by a third party)	SE	CHON4
		Recoverable Cost	\$	10 10 10 10 10 10 10 10 10 10 10 10 10 1
be signed þγemployee)			83	CHON 5
1				
1. 1 1 1 1	enses incurred on City busine	ss Date	e ligh	9,0019
V 1	l		। বিভাগ	CTION 6
<b>1</b>	Accounts Clerk	Mono		
grila9/19	Date April &	Foodder Date	19/5/1	2
	Danny Breen  fax, NS  d Atlantic Mayor  Fime)  5:45  chireceipts to support exp  Cheque Rec  Chireceipts to support exp  Chireceipts to support exp  Chireceipts to support exp  Chireceipts to support exp  C	ICULARS - 2 copies to be forwarded to Manager, Finan  2019 04 29  Danny Breen  fax, NS  d Atlantic Mayors Caucus Meetings  Fime)  5:45  Cheque Req.  Purchase Order #  Cheque Req.  Purcha	County   C	TCULARS - 2 copies to be forwarded to Manager, Finandal Services  PINANCIAL SERVICES  Danny Breen  Department  Mayor and Councing  fax, NS  Dates From: April 24, 2019 To: April 24, 2019 To: April 24, 2019 To: April 25, 25  Arrive St. John's (Time)  5:45  Chereceipts to support expenses daimed – see Travel Policy if claiming high meal costs)  Total Claimed  Cheque Req.   Purchase Order #

NEWFOUNDLAND AND LABRADOR, CANADA

Travel Expense Statement		FINANCIAL MANAGEMENT		
EMPLOYEE PARTICULARS -	2 copies to be forwarded to Manager, Fina			
Date of Request May 15 Employee Name Danny 1 Home Address	, 2019	Budget Number	or's office	- Contain the second of the se
TRAVEL DETAILS			// / / / / / / / / / / / / / / / / / /	
Destination: Charlottetor	wn, PEI	Dates From: May 1,20	and the state of t	CTION2
Purpose To attend ECM	MA's to represent City and		10. May	3, 2019
Leave St. John's (Time) 2:10	a.m. <b>V</b> p.m.	Arrive St. John's (Time)		a.m. <b>v</b> p.m.
Items	o support expenses claimed – see Travel I	Policy if claiming high meal costs		CILION 3
	Chegue Pog.   [7] Durches O. I.   #		Total Claimed	Accounts Use Only
	I Cheque Req. □ Purchase Order #_ I Cheque Req. □ Purchase Order #_		<sup>\$</sup> 0	
	nights @ o		\$ 771.36	771.36
	days @ E2 E0		\$ O	
Telephone	days @ <u>53.50</u> 160.5		<sup>\$</sup> 160.50	160.50
Taxis \$18.25 + \$	20.12 + 27.22		\$ O	
Ψ10.20 . ψ	20.12 + 21.22		\$ 65.59	65.59
Other (specify)		(4) T-1-1 OL 1	\$	
	(2) Less: Direct	(1) Total Claimed ct Payment by P.O. or Cheque	\$ 997.4£	997.45
PECEIV	Ceu H 31	nt Paid by Employee [(1) – (2)]	· · · · · · · · · · · · · · · · · · ·	771.36
1	(o) / inious	(4) Travel Advance	\$ 226.09000	
MAY 2 2 201	(5) Amount Due 7	To (From) Employee [(3) – (4)]	\$ 225 090000	60/10
REIMBURSEMENT COSTS (con	nplete this section only if travel costs will be	reimburged by a third and a	220.03000	DOLO?.
FINANCIAL SER	nplete this section only if travel costs will be			WICKIES
Total Control of the		Recoverable Cost	\$	
DECLARATION (to be signed by	employee)		SEC	TIONS
I certify that this is a true statemer	nt of my expenses incurred on City business			Dalije je Strakter in policija policija
I certify that this is a true statement of my expenses incurred on City business.  Employee Signature Date				
APPROVALS // Department Head	Accounts Clerk		an regarderate and	TION 6
Date (Jul		Hostale Date	Financial Services	evs 528
LI	ST. JØH	'IN'S		
Form last updated: Date (2014-10-	NEWFOUNDLAND AND LAB	RADOR, CANADA		<u> </u>

Travel Expense Statement FINANCIAL MANAGEMENT EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services SECTIONS Date of Request May 15,2019 **Budget Number Employee Name** Danny Breen Mayor's office Department Home Address TRAVEL DETAILS SECTION 2 Destination: Houston. ТX USA Dates From: May 5, 2019 To: May 10, 2019 12:3 Purpose To attend World Energy Cities Partnership meetings Leave St. John's (Time) Arrive St. John's (Time) 6:00 a.m. p.m. 12:30 b.m. TOTAL COST (attach receipts to support expenses claimed - see Travel Policy if claiming high meal costs) Items **Total Claimed** Accounts Use Only Registration ☐ Cheque Req. ☐ Purchase Order # pd pers.card \$ 78.20 US Airfare UN Cheque Reg. ☐ Purchase Order # EFT0...14782 \$ 1127.01 Hotel (incl. taxes) nights @ 339.30 1357.2 1357.20 US Meals (per diem) 5 days @ 53.50 267.5 267.50 US Telephone 1st night part deposit on city card \$312,39 US (Can. \$432.26) \$34.50; \$23.90; \$13.51; \$14.40; \$14.63; \$11.54 Taxis 112.48 US \$17.00 & \$15.50 Canadian (taxi to/from airport) Other (specify) (1.38. Rate 32.50 #432.26 /hotel (1) Total Claimed 2974.89 (2) Less: Direct Payment by P.O. or Cheque 1559.27 (3) Amount Paid by Employee [(1) - (2)] 1415.62 15.94. 20,22 (4) Travel Advance (5) Amount Due To (From) Employee [(3) - (4)] 1415.62 REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party) SECTION Name of Third Party ERVICES 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 **APPROVALS** SECTION 6 Department Head Accounts Clerk Manger - Financial Services Date Date

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

Form last updated: Date (2014-10-17)

RECEIVED

. .

	Travel Expense Statement	10:0 1 1 20	FINANC	IAL MANAGEMENT		
	EMPLOYEE PARTICULARS - 2 copies to be forward	rded to Manager, Finan	cial Servi	es	s	
	Date of Request <u>8</u> 2019 - 06 - 11	FINANCIAL SEF	RVICES	net Number	per anger (61 m.) PEN Will bengsa	and the control of th
	Employee Name <u>Danny Breen</u>	L			r's Office	
	Home Address					
	TRAVELIDETAILS				[S]	CION2
	Destination: Quebec City, Quebec		Dates	From: May 29, 2	2019 To: June	e 3,2019
	Purpose To attend the BCMC meeting	onference		30.2		
	Leave St. John's (Time) 6:15	.m. p.m.	Arrive S	t. John's (Time)	29 🗸	a.m. p.m.
	TOTAL COST (attach receipts to support expenses	claimed - see Travel P	olicy if cla	iming high meal costs	) <u>(S</u> :	CHON 3
	Items (1) 2 /2				Total Claimed	Accounts Use Only
	Registration 5 1 5  ☐ Cheque Req. ☐ Airfare Q 3 3  ☐ Cheque Req. ☐	Purchase Order #_D.	Depos:	it Jun	<sup>\$</sup> 1188.84	1188.84.
01	(), 04. (3	Purchase Order # D.	Deposi	t April 13et	\$ 759.85	159.85.
5	67.00	E0	75	,	\$ 1455.75	145575 M
Í	Meals (per diem) 7 6 6 days @ 53.  Telephone	321			\$ 321.00 \$	321.00 K
28/W	Taxis 3 5 5 \$40.10 + \$40.10 + \$96.0	5 5 50			\$ 176.20	160.20
10'01	Other (specify) Drycleaning for suit for m		n travel	)	\$ 19.55	1955?N
(at	<u>, 10</u>			(1) Total Claimed	\$ 3921.19	3905.79
^\	4,510	(2) Less: Direc	t Paymen	t by P.O. or Cheque	\$ 1948.69	194869. M
-		(3) Amour	nt Paid by	Employee [(1) - (2)]	\$ 1972.5	1956.50
				(4) Travel Advance	<sup>\$</sup> 0	0
	DEATH CONTROL			Employee [(3) - (4)]	\$ 1972.5	1956.50
	REIMBURSEMENT COSTS (complete this section of	nly if travel costs will be	e reimburs	sed by a third party)	<u>  S =</u>	CIIION 4
	Name of Third Party			Recoverable Cost	\$	
	DECLARATION (to be signed by employee)	27 27 27 38			183	
	I certify that this is a true statement of my expenses	curred on City busines	SS.		2	Consideration (Consideration Consideration Consideration)
	Employee Signature	J		Date June	11, 2019	
	APPROVALS 7	N <sub>1</sub> .	100		<u>8</u>	OTION 6
	Department Head A	counts Clerk	o le	testela Mang	er - Financial Service	98
	Date Saly D	ate Tune	<u>,</u> 1	2/19. Date	2019-01	6-13
	/ Why S	T. JOH	NF-	'S	U	
		EWFOUNDLAND AND LAR	SRADOR, C	ANADA (	00 - B	igne
	Form last updated: Date (2014-10-17)	.//>		Kens	ed I s	Page 1 of 1
	,	' /		of	,	

Travel Expense Statement FINANCIAL MANAGEMENT						
EMPLOYEE PARTICU	MPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services		83	ETION 1		
	eptember 12, 2019	Budget Number  Department  Mayo	I	empan gay tamin ki jaha da Salamin da Jahan senggan kini a Masa pen-		
TRAVEL DETAILS	TRAVEL DETAILS SECTION 2					
Destination: Aberdee	Destination: Aberdeen, Scotland Dates From: August 31, 20 To: September 8, 2019					
Purpose To attend Offshore Europe 2019						
Leave St. John's (Time	2:45 a.m. ✓ p.m.	Arrive St. John's (Time)		m. p.m.		
TOTAL COST (attach r	eceipts to support expenses claimed – see Travel F	Policy if claiming high meal costs	) <u>[83</u>	STIONS		
Items			Total Claimed	Accounts Use Only		
Registration	☐ Cheque Req. ☐ Purchase Order #		\$			
Airfare	☐ Cheque Req. ☐ Purchase Order # Po	d August 8 D:	\$ 1745.54	174554		
Hotel (incl. taxes)	7 nights @ 0		\$ 1550.19	1550.19		
Meals (per diem)	<u>9</u> days @ 0		\$ 746.82	74682		
Telephone			\$ O	, , , , , ,		
Taxis 16.7	5 & \$17.50 (to/from airport St. John's	3)	\$ 34.25	3425		
Other (specify) Tran	nsportation -		\$ 153.67	15367		
		(1) Total Claimed	\$ 4230.47	4230.47		
	(2) Less: Dire	ct Payment by P.O. or Cheque	\$ 1745.54	1745,54		
	(3) Amou	nt Paid by Employee [(1) – (2)]	\$ 2484.9300	248493		
		(4) Travel Advance	\$ 3490.39	3490.40		
	(5) Amount Due	To (From) Employee [(3) - (4)]	\$ -1005.459	1005.47		
REIMBURSEMENT CO	STS (complete this section only if travel costs will be	pe reimbursed by a third party)	<u>। छड</u>	TION 4		
Name of Third Party	l	Recoverable Cost	t \$			
DECLARATION (to be s	igned by employee)		<u>ডির</u>	MON5		
I certify that this is a true statement of my expenses incurred on City business.  Employee Signature Date						
APPROVALS Department Head	Accounts Clerk	Mang	ger – Financial Service	TIONG		
Date Allen	Auch Sept	- 19   2012 Date	2019-0°	174 1-23		
	// ST. J@1	HNS				

NEWFOUNDLAND AND LABRADOR, CANADA

Travel Expense Statement	FINANCIAL MANAGEMENT	MANAGEMENT			
EMPLOYEE PARTICULARS - 2 copies to be forwarded	to Manager, Financial Services	[8	RECEIVE		
Date of Request June 12, 2019	Budget Number		3UN 1 3 2019		
Employee Name <u>Dave Lane</u>	Department	ncil			
Home Address			FINANCIAL SERVIC		
TRAVEL DETAILS		31	LCHON2		
Destination: Quebec City	Dates From: 30 May 2		June 2019		
Purpose FCM Conference			20-2		
Leave St. John's (Time)	Arrive St. John's (Time)				
7:20 🗸 a.m.	p.m. 6		a.m. p.m.		
TOTAL COST (attach receipts to support expenses claim	ned – see Travel Policy if claiming high meal cost	s) [8	ECHONS		
Items		Total Claimed	Accounts Use Only		
	hase Order #	§ 1009.48	1200/10		
Alriare 13 175	hase Order #	§ 1101.40	1007.98		
Hotel (incl. taxes) 38:00 4 nights @ 184	736	\$ 655.65	655.65		
Meals (per diem) 5 days @ 53.50	267.5	§ 267.50			
Telephone		8	767.50		
Taxis To and from Quebec Airpo	ort / Hotel	<sup>§</sup> 81.42	81.42.1		
Other (specify)		81.42	81.43.		
	(1) Total Claimed	<sup>8</sup> 3115.45	2020.54		
	(2) Less: Direct Payment by P.O. of Cheque	8	333454		
	(3) Amount Paid by Employee [(1) – (2)]	<sup>8</sup> 3115.45	1018,57		
	(4) Travel Advance	\$ 3115.45	1345.45		
	(5) Amount Due To (From) Employee [(3) – (4)]		- O		
REIMBURSEMENT COSTS (complete this section only if		3113.45	311545.		
	a aver costs will be relitible sed by a little party)	<u> </u>			
Name of Third Party	Recoverable Cos	\$	2105.91		
DECLARATION (to be signed by employee)		SE	1009,48 CHON 5		
certify that this is a true statement of my expenses incurr	red on City business.		Charle		
Employee Signature Date					
APPROVALS //		शिः	CHOUG S		
Department Head Accoun	nts Clerk - L ( ) Mang	er – Financial Servic	105 mg		
Date Date	Jul 13/ 3019 Date	2019-01	EN		
STATE	Z'UHQL	VULT VE			
Newfo	DUNDLAND AND LABRADOR, CANADA				

Form last updated + Date (2014-10-17)

Milease?? Ratey

CD Received

Travel Expense Statement	FINANCIAL MANAGEMENT		
EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Fina	ncial Services 4	SECTION 1	
Date of Request March 21, 2019  Employee Name Debbie Hanlon  Home Address	Budget Number  Department  Mayor and	i Council	
TRAVELIDETAILS		SECTION 2	
Destination: Gander, Newfoundland & Labrador	Dates From: 2019 02 26	To: 2019 03 01 70	
Purpose Hospitality Newfoundland and Labradon			
Leave St. John's (Time) 7:00  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	
Items 11162395 (-	ous on Ext	Claimed Accounts Use Only	
Registration ☐ Cheque Req. ☐ Purchase Order #_	1-77 00	9.25 / 33925	
Airfare ☐ Cheque Req. ☐ Purchase Order #_	N/A \$		
		5.05 VISA 445:051	
Meals (per diem) 4 days @ 53.50 214	Susan \$ 21	4.00 214.00	
Telephone	\$		
	oee note \$	-	
Other (specify) Mileage - St. John's to Gander / Gander		1.72 231721	
Other (specify) Mileage - St. John's to Gander / Gander		30.02 1230.02	
CC19 VWC (2) 2003. DIN		4.30 784.28	
(3) Amor	the state of the s	5.72 445.74	
	· (4) Travel Advance \$	- O	
COVID-12 CARROLS TO THE BARBORS AND THE PROPERTY OF THE PROPER		5.72 445,74	
REIMBURSEMENT COSTS (complete this section only intravel costs will	be reimbursed by a third party)	SECTION 4	
Name of Third Party	Recoverable Cost \$		
DEGLARATION (to be signed by employee)		SECTION 5	
I certify that this is a true statement of my expenses incurred on City busin Employee Signature	ess. Date March 25-201	9	
APPROVALS:			
Department Hear		SECTION 6	
Department Head Accounts Clerk	Hodelly Manger-Fin	ancial Services	
Date Date Conne	Hockell (	mare !	

<u>ST. J@HN'S</u>

NEWFOUNDLAND AND LABRADOR, CANADA

133696

	Tràvel Expense Statement	FINANCIAL MANAGEMENT		
	EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Finan	cial Services	SE	GIONI
	Date of Request May 24, 2019  Employee Name Debbie Hanlon  Home Address	Budget Number  Department  May	or and Council	The second secon
	TRAVEL DETAILS		\	CHOM2
	Destination: Miami, Florida	Dates From: April 8,	ATTA CONTRACTOR OF THE PARTY OF	1 11, 2019
	Purpose Seatrade Cruise Conference		The same of the sa	1 11,/ 2019
	Leave St. John's (Time)  5:05  TOTAL COST (attach resolute to a second to the control of the con	Arrive St. John's (Time)		m. 🗸 p.m.
	TOTAL COST (attach receipts to support expenses claimed – see Travel Pitems	olicy if claiming high meal costs		
/			Total Claimed	Accounts Use Only
	Airfare Colon Cheque Req. □ Purchase Order # vi	(10)	<sup>\$</sup> 2458.14	2458.14.
57	Hotel (incl. taxes) 11.3 pichts @ 200 Et		\$ 1290.34	1290.34
	Meals (per diem) 4 days @ 71 16	Concentra 10 US	<sup>\$</sup> 1551.07	1551.07.
1	Telephone. 284.64	Converted to US	\$ 284.64	284,64 r
/		1070	\$	
, 		1.35 Kar	<sup>\$</sup> 159.72	159.72
ŀ	Other (specify) Stayed in Toronto from April 11 - 14 (no ch		\$	·
F	(0)1 - 2:	(1) Total Claimed	<sup>\$</sup> 5743.91	5743.91.1
-		Payment by P.O. or Cheque	\$ 3748.48	3797.03 M
$\vdash$		t Paid by Employee [(1) – (2)]	\$ 1995.4299	1946.88
$\vdash$	(E) A	(4) Travel Advance	<sup>\$</sup> 1884.22	1884.7-2-1
	REIMBURSEMENT COSTS (complete this section and if the continue of the continue	(From) Employee [(3) – (4)]	\$ 111.20999	62.66.
-	REIMBURSEMENT COSTS (complete this section only if travel costs will be	reimbursed by a third party)	<u>  SI                                   </u>	
	Name of Third Party	Recoverable Cost	\$	
	DECLARATION (to be signed by employee)	4.	SEG	110N 5
	certify that this is a true statement of my expenses incurred on City business	s. Date		
1	PPROVALS		SEGI	- HOME
F	Pepartment Head Accounts Clerk	Manage	er – Financial Services	
		Hodden Date	Shaver	2
	ate foren Chafe Date Ong Acting City Clerk ST. JOH	IN'S	2019-06-	υ <sup>-1</sup>
	NEWFOUNDLAND AND LARD	IDON GIVING		

Form last updated: Date (2014-10-17)

Travel Expense Statement	FINANCIAL MANAGEMENT						
EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Final	EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services						
Date of Request June 26, 2019  Employee Name Ian Froude  Home Address	Budget Number  Department  Mayo	r and Council					
TRAVEL DETAILS		8	GION2				
Destination: Quebec	Dates From: May 30, 2	019 To: June	3, 2019				
Purpose FCM National Conference and Tradeshow	Purpose FCM National Conference and Tradeshow						
Leave St. John's (Time) 5:00 a.m. p.m.	Arrive St. John's (Time)	ı a	ı.m. 🗸 p.m.				
TOTAL COST (attach receipts to support expenses claimed – see Travel Policy if claiming high meal costs)							
Items (51 / No. U) CW. 476	Dee J.	Total Claimed	Accounts Use Only				
Registration 15 a5 □ Cheque Req. □ Purchase Order #_	City Disa.	\$	1009.48				
Airfare C. you ☐ Cheque Req. ☐ Purchase Order #_P	aid Visa	\$ 960.94	960.941				
Hotel (incl. taxes) 4 nights @ 189.22 756.8	38	\$ 756.88	756.88				
Meals (per diem) 5 days @ 53.50 267.5	5	\$ 267.50	267.50				
Telephone		\$					
Taxis 6.0540. \$85.31 413	V	\$ 85.31	85.31				
Other (specify) 1.87 5%.		\$					
٠. ٠	(1) Total Claimed	\$ 2070.63	308011.				
Original (2) Less: Dire	ect Payment by P.O. or Cheque	\$	1009.48				
alaskal (3) Amoi	unt Paid by Employee [(1) - (2)]	\$ 2070.63	20.70.63				
	(4) Travel Advance	\$	1896.10				
(5) Amount Due	To (From) Employee [(3) - (4)]	\$ 2070.63	174.53.				
REIMBURSEMENT COSTS (complete this section only if travel costs will	be reimbursed by a third party)	SE	GTION 4				
Name of Third Party	_ Recoverable Cos	t \$					
DECLARATION (to be signed by employee)		SE	etion 5				
I certify that this is a true statement of my expenses incurred on City business.  Employee Signature							
APPROVALS		<u>  (SE</u>					
Department Head Form Chafe Accounts Clerk  Date Gun 27 2019  Date Come Hoodel Date Date 2019 -07-10							
19/7/ST. JO	HN'S						

avel Expense Statement FINANCIAL MANAGEMENT						
EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services SECTION 1988						
Date of Request October 3, 2019  Employee Name Inn Froudo  Home Address	Budget Number  Department Cou	ncil				
TRAVEL DETAILS	sile :	<u>&amp;</u>	<u> </u>			
Destination: Gandor, NL	ales From: Septembe	r 20 To: Sep	tember 25			
Purpose Stewardship Association of Municipalities	SE Stewardship Association of Municipalities Conference					
Leave St. John's (Time) 9:00 a.m. p.m.	rrive St. John's (Time) 6 : 0		a.m. 🚺 p.m.			
TOTAL COST (attach receipts to support expenses claimed - see Travel Police	y il claiming high meal cos	b) 🗵	101101181			
Items		Total Claimed	Accounts Use Or			
Registration		\$				
Alfare ☐ Cheque Req. ☐ Purchase Order #		3				
Hotel (incl. taxes)nlghts @ o		3				
Meals (per diem) <u>2</u> days @ <u>53.50</u> 107		\$ 107	107.00			
Telephone		\$ 1				
Taxts		<b>3</b> 1				
Other (specify) 0.361 x 668 km		\$ 241.15	241.68			
334 x 2 = 668	(1) Total Claimed	3 348.15	3486			
	yment by P.O. or Cheque		0			
(3) Amount Pa	iki by Employee [(1) - (2)]	\$ 348.15	348,6			
	(4) Travel Advance		A			
(5) Amount Due To (1	rom) Employee ((3) - (4))	348.15	3486			
REIMBURSEMENT COSTS (complete this section only if prayel costs will be rel	mbursed by a third party)	<u> 8</u>	CTION4			
Name of Third Party	Recoverable Cos	N 8				
DECLARATION (to be signed by employee)		<u> SE</u>	CTION 5			
certify that this is a true statement of my expenses incurred on City business.  mployee Signature	Date <u></u>	T Y (2019				
PPROVALS		SE	CTION 6			
epartment Head Accounts Clerk	Z/ Man	ger – Financial Servic	es			
ate / // n // // Date Donne	CONTRACTOR OF THE PROPERTY OF		IV XX			

SI, JOHNS
NEWTOUNDLAND AND LARKADOR CANADA

	i Plant	To fackery of
	Travel Expense Statement	FINANCIAL MANAGEMENT
	EMPLOYEE/PARTICULARS - 2 copies to be forwarded to Manager, Final	
	Date of Request Employee Name Home Address	Budget Number
Children	TRAVEL DETAILS	SECTION 2
-	Destination: PRINTLUTON A.C.	Dates From: MAN. 12/2019 To: MAN. 11/2019
	Purpose CO ATTENO WOAKE MTL of	FRO- OF CAN, MUNICIPALITIES
et six a gar	Leave St. John's (Time)  A CA ST. (attach)receipts to support expenses claimed — see Travelli	Arrive St. John's (Time)  Arrive St. John's
	Items	Total Claimed Accounts Use Only
VL.	Registration ☐ Cheque Req. ☐ Purchase Order #	\$
11	Airfare \\S \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	\$1247.46 1247.46
L	W-1-4 " >	300 504.40
↛	Telephone 1970 3.159	Parkeria 1 35.00 NC
氺	Taxis ( 8, 15 9, 50 49 1570  Other (specify) ( 5 7 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 37.65 37.65 K
1	Other (specify) [buth CAN(GIB(12) CAN	AS(4) 7.40 \$ 3 95.6) 131.87.
忆	27.40 (2) Less: Dire	(1) Total Claimed \$ 02472.67 2233.88 / ct Payment by P.O. or Cheque \$
-		nt Paid by Employee [(1) – (2)] \$ 0 233.88
-	- +	(4) Travel Advance \$ 7 10 0 W 2100,00
E SE	REIMBURSEMENT COSTS (complete this section only if travel costs will be	To (From) Employee [(3) – (4)] \$ o 3 1 1 6 1 133 88 e reimbursed by a third party) SECILON 4
	lame of Third Party	Recoverable Cost \$
E	ECLARATION/(to be signed by employee)	ONLY OF THE PROPERTY OF THE PR
Face		SECTION 5
	certify that this is a true statement of my expenses incurred on City busines mployee Signature	ss.  Date March 22, 2019
受得等	PPROVALS // **	SECTION 6
	epartment Head  Accounts Clerk  Date	Manger - Financial Services  Action Date 2019-04-1()
	ST. JOH	-IN'S
	NEWFOUNDLAND AND LAI	BRADOR, CANADA

	Travel Expense Statement	FINANCIAL MANAGEMENT			7
	EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Financial Services				
	Date of Request JVNF 11 2019 Employee Name SANV HICKMAN Home Address	Budget Number Department	Wraz		Elis
	TRAVEL DETAILS				
	Destination: (1) UEAEC CLTU	In. F	The second secon	CTION 2	
	Purpose To A77 END ANNA	Dates From: MAY 3	O, 201 GTO: MUMI	Warre F	4 VI
J.	Leave St. John's (Time)	Arrive St. John's (Time)	a.		`
1	TOTAL COST (attach receipts to support expenses claimed – see Travel F	Policy if claiming high meal costs	) <u>(SE</u>	BION 3	Birding.
774	lytems (10.41)	As I was a second	Total Claimed	Accounts Use Only	1
C)	Registration   Cheque Req. □ Purchase Order #  Airfare   Cheque Req. □ Purchase Order #	11016.14/81.80/35.6	\$ QQ9, 13 1132, 94	999,13	1
6019	Hotel (incl. taxes) 4 nights @ 10 10 10 10 10 10 10 10 10 10 10 10 10		\$1013.92	1013.92.	
74	Meals (per diem)		\$267.50	267.50.	1
501	Telephone		\$		
-	Taxis [160.37] [38.61] [18.25] [17.50] Other (specify)		\$114.73	11473	1
-	216	(A) T. ( I O) .	\$ 7.7		-
ŀ		(1) Total Claimed	\$ 0352922	- 3529.72	K
t	(2) Less: Direct Payment by P.O. or Cheque \$				
	(c) / arroun	(4) Travel Advance	\$ - 2 0	3509.00	
	(4) Travel Advance \$ \$\( \) \(				
4	REIMBURSEMENT COSTS (complete this section only if travel costs will be reimbursed by a third party)				
	Name of Third Party	Recoverable Cost	· \$		
-07/304	DECLARATION (to be signed by employee)				
	I certify that this is a true statement of my expenses incurred on City business.  Employee Signature				
** <u>0</u>	APPROVALS // / / / 2	- 15 1 1 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	S=6	-	
	Department Head Accounts Clerk Date Date	-colation	er = Financial Services		
Ľ	Male June 1	9 2019, Date	2019-0K	D-20	
	ST. JOH	HN'S	,		
F	NEWFOUNDLAND AND LAIF Form last updated: Date (2014-10-17)	BRADOR, CANADA			
			D	and 1 of 1	

1898 aubre Tera

	Travel Expense Statement	FINANCIAL MANAGEMENT		
	EMPLOYEE PARTICULARS - 2 copies to be forwarded to Manager, Finan	cial Services	SE	CTION 1
	Date of Request SEPT 23, 2019 Employee Name SANOY FILCKMA Home Address	Budget Number  Department	CUVNGL	
	TRAVEL DETAILS		IS≣	GTION 2
	Destination: RF (AVA JK	Dates From: 5147. 15	2019TO: SEA	7102019
			ANTA C	
	Leave St. John's (Time)  SAT [5]  a.m. p.m.	1 1 1 2		mp.m.
	TOTAL COST (attach receipts to support expenses claimed - see Travel F	Policy if claiming high meal costs	) <u>S</u>	
	Items		Total Claimed	Accounts Use Only
	Registration ☐ Cheque Req. ☐ Purchase Order #		\$11.10 [7	300.00 1418.53
1/2/	Hotel (incl. taxes)		\$ 2 (9 00	359.00
30	Impare they ground to the grou		\$160.50	160.50.
5	Telephone		\$	000:00
3/	Taxis \$15.50 \\$14.50 \\$(16.05)	·	\$ 46.75	46.75.
50	(opcony)	(1) Total Claimed	\$ 0198470	2284.78
b Y	(2) Less: Dire	ct Payment by P.O. or Cheque	\$	
501	(3) Amou	nt Paid by Employee [(1) – (2)]	\$ 0	<u> 300.00 ·</u> 1984.78 <b>I</b>
	SEP 3 11 2019	(4) Travel Advance	\$	701.70
	\ (5) Amount Due	To (From) Employee [(3) - (4)]	\$ 01984.78	1984.78
	REIMBURGEMENT CONSTRUCTOR COmplete this section only if travel costs will be	e reimbursed by a third party)		MON4
	Name of Third Party	Recoverable Cos	1 \$ \$	
Since products	DECLARATION (to be signed by employee)		<u>833</u> 0	MON 5
	I certify that this is a true statement of my expenses incurred on City busine Employee Signature	ss. Date	Popt V	3,2019
	APPROVALS .		<u> </u>	TION 6
	Department Head  Accounts Clerk  Date  Date	Herloler Mang	ger – Financial Service	tvs1
	Date AUD 25/14 Date Conce	3/2019 Date	2019.10	-10

ST. JOHN'S
NEWFOUNDLAND AND LABRADOR, CANADA

Travel Expense S	Statement 9		FINANCIAL MANAGEMENT			
EMPLOYEE PART	ICULARS - 2 copies to be forward	arded to Manager, Finan	cial Services	IS⊒	CHON 1	
Date of Request	2019-04-26	MAY 0 1 2019	Budget Number	Manna a		
Employee Name Home Address	Sheilagh O'Leary	FINANCIAL SERV	Department			
TRAVEL DETAILS				833	CITION 2	
Destination: Hosp	itality NL Conferen	ce	Dates From: 2019-02-2	7 To: 2019	-03-01	
Purpose						
Leave St. John's (1	Leave St. John's (Time) 9:30  Arrive St. John's (Time) 11:51  Jam. p.m.					
TOTAL COST (atta	ach receipts to support expenses	s claimed – see Travel P	olicy if claiming high meal costs	) <u>se</u>	GIION 3	
Items	, μ/			Total Claimed	Accounts Use Only	
Registration	ົ່ງງັ້ \□ Cheque Req. □	l Purchase Order #_Cx	edit Card PP	\$ 339.25 Rec	339,25.1	
Airfare 5	☐ Cheque Req. □	Purchase Order # Cr	edit Card PP.	\$ 429.62 Rec		
Hotel (incl. taxes)	_2 nights @ _12	9 CC 258	PP.	\$ 296.70 Rec	29670	
Meals (per diem)	3 days @ <u>52</u>	.50 157.5		\$ 157.50	160.50	
Telephone				\$		
Taxis		- Dan	e,	\$		
Other (specify)	hal	arel -		\$		
	1	V	. (1) Total Claimed	\$ 1223.07	138299.	
N. Com	2) 18 N	(2) Less: Direc	t Payment by P.O. or Cheque	\$ 1065.57	1222. 49.	
100	(3) Amount Paid by Employee [(1) – (2)]			\$ 157.5	160.50	
	(4) Travel Advance \$ -O					
		The state of the second st	o (From) Employee [(3) - (4)]	\$ 157.5	160,50!	
REIMBURSEMENT	COSTS (complete this section	only if travel costs will be	e reimbursed by a third party)	<u> </u>	MON4	
Name of Third Party Recoverable Cost \$						
DECLARATION (to	be signed by employee)			<u>  S</u>	MON5	
I certify that this is a true statement of my expenses incurred on City business.						
Employee Signature Scan Date. Opril 29 19						
APPROVALS SECTION 6						
Department Head Accounts Clerk Accounts Clerk Manger - Financial Services						
Date //	1 100 y	Date April.	30) 3019 Date	19/1/2		
,		ST'IQL	JNI'C	7		

NEWFOUNDLAND AND LABRADOR CANDOS OF